

# 2018 ASPEN BACKCOUNTRY MARATHON

## PACKET PICK-UP AUTHORIZATION FORM

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*(Please print your full name)*

I have made every effort to pick up my own race packet and have been unable to do so. I authorize:

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*(Print full name of individual you are authorizing to pick up your packet)*

to pick up my race packet and goody bag for me at the 2017 Aspen Backcountry Marathon.

I have provided:

- 1) A copy of my picture identification
- 2) This signed authorization (including waiver and emergency contacts below)

My representative is aware that he/she must present a copy of their picture ID in order to receive my race packet and goody bag. My representative is also aware that he/she will be limited to picking up 4 total packets, including their own.

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*(Signature of authorizing individual)*

*(Signature of individual being authorized)*

### CITY OF ASPEN PARKS AND RECREATION DEPARTMENT

**Activities: Participation in the Aspen Backcountry Marathon, including but not limited to dirt trail running, road running including street crossings. By signing this Agreement, you give up your right to bring a course of action to recover compensation or obtaining any remedy for any injury to yourself or your property or for your death, however caused, arising out of your participation in and the travel to and from the above listed activities or use of City of Aspen trail networks, now or any time in the future.**

#### Acknowledgement of Risk

I hereby acknowledge and agree that the activities listed above and my participation in the Aspen Backcountry Marathon, have inherent risks, including the risk of serious injury, paralysis and death. I have full knowledge of the nature and extent of all risks of serious injury, paralysis and death associated with the activities listed above. I recognize that I may become injured or incapacitated in a location where it is difficult for management to get required medical aid to me in time to avoid physical injury or even death. I also certify that I am physically fit and adequately trained to participate in this event.

#### Release/Indemnification

In consideration of my participation in the Aspen Backcountry Marathon, I, the undersigned user and participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns HEREBY DO RELEASE, the City of Aspen, its officers, agents, sponsors, volunteers and employees from any cause of action, claims, or demands of any nature whatsoever, including, but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in the activities listed above, whether that participation or use is supervised or unsupervised, however the injury or damage caused, including, but not limited to, the negligence of the City of Aspen, its officers, agents, volunteers and employees.

I hereby consent to the use by the City of Aspen of any photographs taken of me during city run events, programs, and activities for use in publications, advertisements, or on City of Aspen website.

In consideration of my participation in the Aspen Backcountry Marathon, I, the undersigned, agree to indemnify and hold harmless the City of Aspen, its officers, agents, volunteers and employees from any and all causes of action, claims, demands, losses or costs of any nature whatever arising out of or in any way related to my participation or use of City owned facilities.

The terms of this Agreement shall be in full force and effect on the date hereof, the date(s) upon which I participate in the activities listed above, and on any other occasion when I may participate or use City owned facilities to participate in the activities listed above.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

#### IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_