8TH ANNUAL CAPE MOUNTAIN 10 MILE TRAIL RUN

DATE: ***SATURDAY, JUNE 19, 2010*** **START: 10 AM** **CHECK-IN: 8:00-9:30**
PLACE: Horse Creek Trailhead Coast Horse Trails

DIRECTIONS: **HIGHWAY 101**: 10 ½ Miles **NORTH** of **FLORENCE** ***or*** 15 Miles **SOUTH** of **YACHATS** (½ mile South of Sea Lion Caves) ***TURN EAST*** on Horse Creek Rd.—Continue 3 ½ Mi. to the START.

NOTICE: THIS IS A SINGLE LANE FOREST SERVICE ROAD, DRIVE ACCORDINGLY PARKING IS LIMITED, PLEASE CAR POOL IF YOU CAN
THIS CMTR EVENT IS UNDER PERMIT WITH THE SIUSLAW NATIONAL FOREST

COURSE: Loop Course on single track trails that are part of the USFS Coast Horse Trails System. The course will have 1,850 ft. of elevation gain with panoramic views of the Pacific Ocean from several places on the course and the high point on Cape Mt., the site of a 1930's fire lookout. ***4 HR TIME LIMIT*** **AID STATION @** Mile 4.5 Refreshments at the finish!

THIS RACE IS A FUNDRAISER FOR THE SIUSLAW HS TRACK & XC TEAM

AWARDS: Award to the first overall man and woman. Awards to the first three men and women in each of the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Over. **EVERYONE IS ELIGIBLE FOR RANDOM PRIZES**

ENTRY: $35 Nike Dri-Fit Shirt **$25 w/o shirt**
REGISTER EARLY! Day of race is $5 more!
INFORMATION: JIM ARCHER, RACE DIRECTOR, at 541-991-6021 (evenings)
Email: trailrunner45@gmail.com
MAKE CHECKS PAYABLE and MAIL to: CMTR PO BOX 1718, Florence, OR 97439
OR REGISTER ON-LINE WITH A DEBIT/CREDIT CARD:
www.EclecticEdgeRacing.com

(PLEASE PRINT)
First Name__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__

Last Name__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__Age on 6/19/10:___SEX: M F

Address:_____

City:_____State:_____Zip:_____

Phone: ( )_____Email_____

T-shirt YES____ NO____Circle One: Size S M L XL

5 MILE OPTION**? YES _____** **** 5 MILE IS NOT TIMED****

In consideration of acceptance of my entry in this race: I hereby agree to comply with the rules, conditions and regulations of the event and instructions of the race director. I am aware that a cross country trail run is difficult and hazardous for even well conditioned athletes under the most favorable conditions. I hereby attest and certify that I am physically fit and sufficiently trained for this race and that my condition has been tested by running long distances. I hereby for myself, my heirs, executors and administrators, waive, release and discharge the race, its directors, its volunteers, sponsors, CMTR LLC, USA Track & Field and US Government South Zone Siuslaw National Forest from any and all claims and/or liability for any damage, for any and all injuries to me or my property, or for liability for damage caused by me or anyone else arising from my participation in this event and related activities. I will assume and pay for my medical and emergency expenses in the event if an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Signature_____Date:_____
(OR PARENT IF UNDER 18 YEARS OLD