



## **Adult Teams**

Ultraman- One solo runner.

Open - Maximum 10 runners any combination of male or female high school and over.

Adult Women- Maximum 10 female runners high school and over.

As a school lead you will need to:

- Promote the event at your school. How much your school benefits financially is based on how many teams you bring to the track.
- Get Team Leaders to assemble as many teams as possible.

Included in this packet you will find:

- Team leader step by step instructions
- Waiver



### **Team Leader Step-by-Step instructions:**

**Step 1:** Register your team online at [www.gothedistancerun.com](http://www.gothedistancerun.com) under the 24 hour relay tab. The registration link will take you to Ultrasignup where you will register your team and pay a \$100 deposit. You will then get a confirmation email from Ultrasignup containing a link with instructions to complete the registration process.

**Step 2:** Choose a team name and complete the online race shirt order form (link will be included in Ultrasignup confirmation email) .

**Step 3:** Collect a completed waiver form from each of your team participants.

**Step 4:** Turn in the completed waivers and pay the remaining registration balance at Packet Pickup on **Thursday, May 7<sup>th</sup> between 2:30- 6:00 PM** in the Del Oro Cafeteria. You will receive race shirts and runner wristbands for your entire team at this time as well as guest lanyards.

**Step 5:** Distribute team race shirts and runner wristbands. Please make sure your entire team knows they need to be wearing their GTD Race shirt and runner wristband to be on the track!

If you have any questions please contact: [gothedistancerun@gmail.com](mailto:gothedistancerun@gmail.com)



## 24 Hour Relay

### 2020 WAIVER AND EMERGENCY CONTACT INFORMATION

PLEASE FILL IN COMPLETELY

Name \_\_\_\_\_ Team Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Shirt size (Adult sizes) s/m/l/xl/xxl \_\_\_\_\_ Shirt cut (circle one) Male / Female

School from Loomis School District that you would like to receive proceeds from your registration fees. Circle one below.

HC Powers    Loomis    Franklin    Placer    Penryn    Ophir    Loomis Basin Charter    Del Oro High School

### IMPORTANT WAIVER

Please read, initial and sign:

\_\_\_\_\_ I understand only registered runners wearing GTD 24 Hour Relay Team shirts and runner wristbands are allowed on the track.

\_\_\_\_\_ I understand that only 24 Hour Relay runners and volunteers wearing wristbands and guests wearing lanyard identification will be allowed access to the infield.

\_\_\_\_\_ I have read the 24 Hour Relay Information page at [www.GoTheDistanceRun.com](http://www.GoTheDistanceRun.com)

I (or on behalf of my child as his/her parent or guardian) recognize and hereby expressly assume the risks of illness and injury inherent in any exercise program; and I am (or my child is) participating in this event upon the express agreement and understanding that I am (or my child is) hereby waiving any and all liability against and releasing Loomis Union School District, Del Oro High School, Go the Distance 24 Hour Relay or Placer Union High School District and its sponsors and advertisers, agents, and representatives (hereinafter collectively referred to as "event organizers") from any and all claims which may have occurred or which may accrue to me, my heirs, guardians, administrators, executors, or assignees including attorney's fees and court costs (collectively "Claims") arising out of or in connection with my (or my child's) participation in the 24 Hour Relay/Color Run or any illness resulting there from. I further expressly agree to indemnify the event organizers and hold the event organizers harmless from any and all liability arising out of my participation (or my child's participation) in this event. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. If you are under 18 years of age, please have your parent/guardian sign below. In the event of an accident or emergency, I understand appropriate emergency personnel will be called and I (or my child) will be transported to the nearest hospital, or the hospital listed above, as directed by emergency medical personnel.

PARTICIPANT SIGNATURE (PARENT/GUARDIAN IF UNDER 18): X \_\_\_\_\_