

CHINOOK (solo) mail-in Registration

CHINOOK Category: Female Male Youth (<16) Masters (>40)

Trail Name _____
 Category: _____ Age _____
 Male _____ Female _____
 How did you hear about The Bellingham Traverse:

Name _____
 e-mail _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____

Mail-in Registration*	
Early-Post mark before July 1	\$55
Summer-Post mark before September 1	\$70
September	\$80

*refunds available only if Race Director is notified by August 30th

Payment: Please send a check or money order & include top of this form.
 Make payment to: BELLINGHAM TRAVERSE

Mail to: Bellingham Traverse
 PO Box 2771
 Bellingham, WA 98227

Questions: Info@BellinghamTraverse.com
 360-527-2722

Please sign and mail waiver:

BELLINGHAM



TRAVERSE

A NORTHWEST RITE OF PASSAGE

Waiver/Release – Signature Required

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in Bellingham Traverse, (2) In consideration for my application to participate in Bellingham Traverse being accepted, I, on behalf of myself, my heirs and assigns, and my estate hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as a result of my participation, and (3) I hereby grant the Bellingham Traverse specific permission to reproduce, publish, circulate, copyright, or otherwise use any and all photographs and/or videotape of me and/or my family, taken at the Bellingham Traverse. (4) I am responsible for my own equipment, resolving the Bellingham Traverse of responsibility.

Participant's Signature _____ Date _____

If under 18, Parent's or Guardian's signature _____

BELLINGHAMTRAVERSE.COM

RUN - MOUNTAIN BIKE - ROAD RIDE - TRAIL RUN - PADDLE – TREK