



Outdoor Pursuits Center presents the: 6th Annual Caprock Adventure Race



Climb, 1-mile canoe, 2.5-mile run, mystery event and 7-mile Mt. bike
All mileage is approximate

OFFICIAL APPLICATION FORM

Eligibility: Open to Texas Tech affiliates and the community. To receive the Tech entry fee, a Tech ID or a Student Recreation Center (SRC) membership card must be presented at time of registration. Entry fee must accompany **SIGNED** application form. Children 14 and under must be accompanied by an adult throughout the course. Complete **ALL** information below. Complete application and entry fee may be turned in at the Outdoor Pursuits Center located at the north entrance of the Student Recreation Center.

Event: 1st Climbing Session* Saturday, October 20th, 3 to 6 P.M. SRC Climbing Center
 2nd Climbing Session* Sunday, October 21th, 10 to 12 P.M. SRC Climbing Center
 Canoe, Bike, Mystery Event and Run Sunday, October 21th, at 1:00 P.M. MLK City Park
 *Each team must participate in either the 1st or 2nd climbing session. Local competitors are encouraged to participate in the 1st climbing session leave time for out-of-town competitor for Sunday.

Division: Team (both members complete each task) Men Women Co-Ed (circle one)
Relay (both members climb and canoe and split the bike and run) Men Women Co-Ed (circle one)

Entry Fee: Tech Team: \$30 if received by October 12th Community Team: \$40 if received by October 18th
 \$35 after October 12th \$45 after October 18th
 Race Day Registration: Sunday 10:00 A.M.

TEAM NAME _____

Team Member 1: (Run)

Last Name _____ First _____ MI _____
 Male/Female _____ Birthday (M/D/Y) _____ Age on Race Day _____
 Street Address or PO Box _____
 City _____ State _____ Zip Code _____
 Home # (____) _____ Work # (____) _____ E-Mail address _____
 In Case of Emergency Contact _____ Phone _____

Team Member 2: (Bike)

Last Name _____ First _____ MI _____
 Male/Female _____ Birthday (M/D/Y) _____ Age on Race Day _____
 Street Address or PO Box _____
 City _____ State _____ Zip Code _____
 Home # (____) _____ Work # (____) _____ E-Mail Address _____
 In Case of Emergency Contact _____ Phone _____

TEXAS TECH UNIVERSITY RECREATIONAL SPORTS ADVENTURE RACE WAIVER, RELEASE AND INDEMNIFICATION FORM (must be signed): In consideration of the acceptance of my entry in the TEXAS TECH UNIVERSITY RECREATIONAL SPORTS ADVENTURE RACE.

1. I hereby agree to comply with all the rules and regulations and event instructions of the TEXAS TECH UNIVERSITY RECREATIONAL SPORTS ADVENTURE RACE and its coordinators.
2. I do hereby release Texas Tech University, the State of Texas, the Board of Regents, employees and student employees of all liability related to injuries or accidents to myself which may occur as a result of participation in RECREATIONAL SPORTS ADVENTURE RACE.
3. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the TEXAS TECH UNIVERSITY RECREATIONAL SPORTS ADVENTURE RACE event and its related activities.
4. I hereby acknowledge that there are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the RECREATIONAL SPORTS ADVENTURE RACE.
5. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the TEXAS TECH RECREATIONAL SPORTS ADVENTURE RACE event. No warranty as to the quality of medical care is being made.
6. I hereby permit the free use of my name and picture in broadcasts, telecasts and the press as they pertain to the TEXAS TECH RECREATIONAL SPORTS ADVENTURE RACE event.
7. I hereby agree that in the event of a race cancellation due to a storm, rain, inclement seas or weather, winds or other Acts of God, my enrollment fee shall be non-refundable.

#1 _____ DATE _____
 #2 _____ DATE _____

PARTICIPANTS SIGNATURE

PARTICIPANTS UNDER 18 ARE REQUIRED TO HAVE A PARENT/GUARDIAN SIGNATURE

#1 _____ DATE _____
 #2 _____ DATE _____

PARENT / GUARDIAN SIGNATURE

Receipt # _____ Amt Pd _____ Date _____ Staff Initials _____
