

2024 VAIL TRAIL RUNNING SERIES





Last Name:	First	Name:	
Gender: ☐ M ☐ F	Date of Birth:/ Age:	or Grade:	
Mailing Address:		City:	
State:	Zip Code:	Phone:	
		y Contact:	
SERIES RACES	SATURDAY, MAY 18 @ 9 A.M. IN THE TOWN OF EAGLE SATURDAY, JUNE 22 @ 9 A.M. AT BEAVER CREEK RESORT*	Beaver Creek Summer Solstice 10K 🗆 5K** 🗆	
Times, dates and courses are subject to change.	SATURDAY, JULY 6 @ 7 A.M. IN VAIL SATURDAY, JULY 20 @ 8 A.M. IN VAIL SATURDAY, AUG. 3 @ 8 A.M. IN VAIL SATURDAY, AUG. 17 @ 7 A.M. AT ARROWHEAD VILLAGE	Vail HillClimb 10K@10,000 Feet 5K@10,000 Feet** Berry Picker Half Marathon 5K**	
	SATURDAY, SEPT. 14 @ 9 A.M. IN MINTURN	Town of Minturn MeadowGold 10K ☐ 5K** ☐ Entire Series ☐ 5K Series ☐ *Fees for Summer Solstice benefit the Vail Valley Charitab	le Fund
All other series race Student Rate (K-12) **5K 5-Pack: Race in 5K Costs: \$30 prereg	preregistration, \$58 week-of registration, \$70 day-of regists: \$38 preregistration, \$45 week-of registration, \$55 days: \$25 preregistration, \$30 week-of registration, \$37 daynall 5K races to compete for Season Awards in the 5K cate gistration, \$36 week-of registration, \$45 day-of registration	y-of registration of registration egory stay tuned More Detail	TRAIL ICE ON R 28 For ILS!
Total Due: \$ Make checks payable to Ages 13 and up. Regist while supplies last. A V Dogs and strollers are	Credit Card #: b: Vail Recreation District tration and bib pickup will be available the day prior to race da /ail Resorts release needs to be signed at pre-race bib pickup f not permitted in the Dynafit Vail Trail Running Series. For more	Exp. Date:/ CCV: Visa] AmEx h race,
participant. I hereby assume all ri activity. I give permission for my c representatives and sponsors from and further consent to any emerge physician licensed to practice in t	n consideration of being permitted to take part in the activity set forth herein, I expressly agree sks of personal injury or death and property damage from any causes whatsoever arising while shild to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District I m any injury I or my child may sustain or any damage that may be caused to me or my child's pro ency x-ray, examination, medical diagnosis or treatment and hospital care, including ambulanc	e as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and me my child or I are participating in such activity. I or my child am in good health and physically ab buses. I agree to waive and release the Vail Recreation District and their officers, employees, a operty during said activities. In the event of injury, I authorize District personnel to contact emer ce transport, which may be provided to me or my child under the general or special supervision a t from such services and further agree to indemnify the District, its employees and agents, from a totographed and such photographs may be used to publicize events.	ple to participate in said gents, servants, and all rgency medical services and on the advice of any
Signature:		Date:	
·	970-479-2281, email to sports@vailrec.com or mail with payr ty service provider and operates under special permission from the White River Nati	ment to: Vail Recreation District, 700 S. Frontage Rd. E., Vail, Co ional Forest and Bureau of Land Management.	3 81657







HOWARD HEAD





























