



Eagle Cap Extreme ~ 2016

62 Mile, 2 Day Stage Race
100 Mile Mid Distance Race
200 Mile Iditarod & Yukon Quest Qualifier

12 Dog Mid-Distance Class 200 Miles -**\$250** postmarked by January 1st, 2016/**\$350** postmarked after Jan 1st
 8 Dog Mid Distance Class 100 Miles-**\$150** postmarked by January 1st, 2016/**\$250** postmarked after Jan 1st
 6 Dog, 2 Day Stage Race 62 miles (31 miles each day) -**\$35** postmarked by Jan 1st, **\$50** after Jan 1st

1. Musher Info- please print legibly (please see PRIVACY POLICY below)

Name _____ Age _____

Address _____ City _____

State _____ Zip _____

E-Mail _____ Phone _____

Cell Phone _____ Work Phone _____

Best Time of Day to contact you/Best method to contact you _____ / _____

Dog Handler _____ Handler's Cell Phone _____

Privacy Policy-ECX will not divulge your contact information without your permission. ECX will communicate largely by e-mail, sending group e-mails blind carbon copy from the ECX e-mail address.

1. Class Entered (Check One)

- _____ 12 Dog Mid-Distance Class 200 Miles (\$250 before 1/1/2016/\$350 after)
- _____ 8 Dog Mid Distance Class 100 Miles (\$150 before 1/1/2016/\$250 after)
- _____ 6 Dog, 2 Day Stage Race, 62 Miles (\$35 before 1/1/2016/\$50 after)

2. Musher's are required to read the race rules (available for download on the website). Do you need a hard copy of the rules mailed to you with your entry confirmation? _____ Yes _____ No

3. A completed **Musher Profile Sheet** is required for entry. Please fill out and return with entry.

Please make checks payable to Eagle Cap Extreme (ECX)

Send **Entry, Musher Profile, Photo of you, Waiver Form, & Payment** to:

Eagle Cap Extreme
ATTN: Musher Coordinator
PO Box 121
Joseph, Oregon 97846

For Information, please call (541) 263-0234 (Randy Greenshields, DVM)

e-mail eaglecapextreme@gmail.com,
or visit us online at eaglecapextreme.com

Agreement: I agree to be responsible for my conduct and that of my handlers and dogs. Further, I shall not hold liable, for any reason, the Eagle Cap Extreme corporation Board of Directors, Staff, Sponsors, or Officials. I understand and agree to run under the Eagle Cap Extreme Race Rules and shall abide by the race officials' decisions. No abuse of dogs will be tolerated. All drivers will abide by the decisions of the race marshal regarding any such incidents.

Signature _____ Date _____

Mushers are **required** to attend mandatory meetings: Musher's Meeting, Vet Check, and Awards' Banquet.
Check in at Race Central upon arrival.



Eagle Cap Extreme
62 Mile, 2 Day Stage Race
100 Mile Mid-Distance Race
200 Mile Iditarod & Yukon Quest Qualifier
Musher Profile ~ Page 1

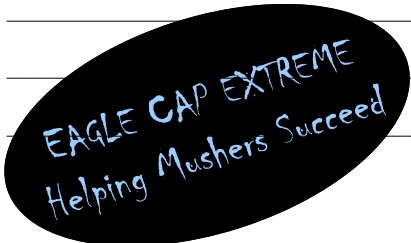
PLEASE UPDATE THIS SECTION EACH YEAR! *Print Legibly*

Name _____ Years Racing _____
Address _____ City _____
State _____ Zip _____
E-Mail _____ Phone _____
Cell Phone _____ Work Phone _____
Best Time of Day to Reach You By Phone _____ Years Racing ECX _____
Family _____
Occupation _____ Retired _____
Hobbies _____
Kennel Name _____ Number of Dogs _____
Dog Breed(s) _____
Lead Dogs' Names _____
Sponsors _____

Please use my ECX bio information from a previous year _____ (CHECK THIS ONLY IF YOU HAVE FILLED THIS FORM OUT IN A PREVIOUS YEAR!)

When and how did you get started mushing? _____

Your Mushing Highlight _____





Musher Profile ~ Page 2

Required for Entry

Hopes and Goals for the Future _____

Most Embarrassing Dog Situation _____

A Funny Story or Favorite Quote _____

Comments or Suggestions to Help Us Improve Our Race _____

This information (except for your personal contact info and the comments or suggestions) will be used for publicity at race central and in the press. Personal contact info is confidential.

We need this info! We need to have updated information and a recent picture of you for our musher bios and local media. We create bio posters to distribute to schools & media & hang in race central. If we don't have a recent ECX picture, please e-mail us one. Thank you!

Contact: Jeni or Randy Greenshields
Eagle Cap Extreme (ECX)
ATTN: MUSER COORDINATORS
PO Box 121
Joseph, Oregon 97846

eaglecapextreme@gmail.com

541-263-0234 (cell)

Eagle Cap Extreme Sled Dog Race

Waiver, Release, and Indemnification Agreement

This agreement, dated this ____ day of _____, is by and between _____, (“Participant”) and **Eagle Cap Extreme Sled Dog Race**, its Board of Directors, agents, volunteers, members, sponsors, successors in interest and assigns, (“ECX”). For consideration received, and in return for participation in the _____ (year and distance) mile sled dog race event of ECX, Participant, Participant’s assigns, heirs, and representatives, hereby agree as follows:

1. Participant acknowledges there are inherent risks associated with sled dog races and related activities such as described below, and hereby expressly assumes all risks associated with participation in such activities. The inherent risks include, but are not limited to property damage or loss, personal injury, or death. Participant acknowledges that sled dog racing, by its very nature, is a dangerous and unpredictable event, and subject to the weather and terrain extremes, and is a physically demanding activity as well. Participant assumes all risks in connection therewith and expressly waives any claim for injury or loss arising therefrom. Participant agrees to abide by and follow ECX’s rules and regulations, which shall be posted and available upon request. Participant further acknowledges that the risk is contingent to some degree upon the ability of Participant and assumes all risk therefrom and warrants that he/she possesses the requisite skill, experience, abilities, and physical conditioning to engage in sled dog racing activity.

Prior to the start of the race, Participant agrees to undertake all necessary investigation and inspection of the race course, start and finish areas, and any other areas in which ECX activities will take place, in order to sufficiently familiarize Participant with all aspects of the race. Participant further agrees that his or her participation in any ECX race activity does constitute an acknowledgment of such inspection and acceptance of such course and other areas as safe and reasonably suited for the purposes of ECX sled dog race events and related activities. Participant agrees that, if at any time, he or she believes the areas outlined above to be unsafe or inadequate, he or she will immediately notify the proper official of such concerns and leave the area.

Participant expressly releases ECX from any and all claims for personal injury, death, or property damage, even if caused by the negligence of ECX (if allowed by the laws of this state) by ECX or its representatives, agents or employees.

2. Participant agrees to hold harmless, indemnify and defend ECX against, from any and all claims, demands, caused of action, damages, judgments, orders, costs or expenses, including attorneys fees, whether actually incurred or not, which may in any way arise from or be in any way connected with Participant’s participation in the events of, or presence upon the property of ECX, and public and private facilities being utilized by ECX for the purposes of presenting the race.

3. Participant warrants that all dogs brought to any race facility, start or finish line, remote checkpoint, or other area under the control of ECX, whether said dog is participating in the racing activity or not, shall be free from infection, contagious or transmittable diseases. Participant will provide documentation indicating compliance with any and all veterinarian imposed health requirements, a list of which is available to Participant listed in the Race Rules. ECX reserves the right to refuse access to or use of any dog upon the premises or in participation of the race that does not appear to be in good health, or is deemed dangerous or undesirable.

4. Participant agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

5. If any part or parts of this Agreement shall be held unenforceable for any reason, the remainder of this Agreement shall continue in full force and effect. If any provision of this Agreement is deemed invalid or unenforceable by any court of competent jurisdiction, and if limiting such provision would make the provision valid, then such provision shall be deemed to be construed as so limited.

6. The covenants, conditions, waivers, and agreements contained in this Agreement shall apply to and bind the parties and the heirs, legal representatives, successors and permitted assignees of the Parties.

7. This Agreement constitutes the entire Agreement between the parties and supersedes any prior understanding or presentation of any kind preceding the date of this Agreement. There are no other promises, conditions, understanding or other agreements, whether oral or written, relating to the subject matter of this Agreement. This Agreement may be modified in writing only, which must be signed by all Parties.

8. If Participant is under 18 years of age on the date of the event contemplated in this Agreement, this Agreement must be signed by his or her legal guardian in the presence of an ECX official or shall be notarized. Failure to obtain guardian's signature as required in this section will result in Participant's exclusion from any of the events of ECX.

Participant's signature: _____ Print name: _____

Waiver for Minor Aged Participants

As the parent and/or legal guardian for the minor Participant identified above, I hereby accept and agree to all of the terms and conditions of this Agreement in connection with the minor's participation in the events of ECX. If, despite this Agreement, I, or anyone on the minor Participant's behalf, makes a claim for liability against any of the released parties, I will indemnify, defend and hold harmless each of the released parties from any such liabilities which may be incurred as the result of such claim.

Parent/Guardian's signature: _____ Date: _____

Print name of Parent/Guardian: _____

ECX Official's Signature: _____ Date: _____

Print name of ECX Official: _____

STATE OF _____, County of _____ ss:

This instrument was acknowledged before me on this _____, by _____

as parent or guardian of _____, Participant.

Notary Public for _____
My commission expires: _____