



**Trail to a Cure Ride/Walk/Run**  
**Saturday, May 6, 2017** (times vary by event)  
Katy Trail State Park, Rocheport, MO  
**Event Participant Packet**

Rev. 1/17/2017

**Participant Instructions:**

- Registration funds, along with participant-raised donations, are passed along to TTAC's beneficiary organizations (not kept by TTAC) thanks to the generous sponsors.
- Advance Registration for walk/ride (untimed) is \$30 (\$40 for 5K run, 10K run and half-marathon due to timing and other costs) – if registration is submitted online. Online registration closes on the Thursday prior to the event. Online fundraising continues ~30 days after the event. Do both at [www.firstgiving.com/ttac](http://www.firstgiving.com/ttac)!
- Late/Walk-up registration fee on-site on the day of the event is \$10 more.
- We encourage each participant to raise a minimum of \$100 in sponsorships. All registered participants receive an event T-shirt, snacks, a meal, a "swag bag," and enjoy a post-event celebration with their friends and family starting immediately after the end of the event—approximately 2 pm.
- Make checks payable to "Trail to a Cure, Inc." - donations are tax-deductible to the extent allowed by law.
- 100% of funds raised by participants will be passed along to Trail to Cure's beneficiaries: MU Bond Life Sciences Center's HIV/AIDS researchers; amfAR, the Foundation for AIDS Research; and Rain of Central Missouri.**

**ONLINE REGISTRATION** (preferred, cheaper method):

- Visit [www.firstgiving.com/ttac](http://www.firstgiving.com/ttac) to register online and contact potential supporters via email. Firstgiving accepts credit/debit cards.
- Only if you cannot do that**, complete and mail this page, at least a week in advance of the event.
- Questions? Check the website at [www.AIDStrailtoacure.org](http://www.AIDStrailtoacure.org), then email [info@AIDStrailtoacure.org](mailto:info@AIDStrailtoacure.org) or call 573.268.3841, and a volunteer will assist you.

**OFFLINE REGISTRATION**

PLEASE PRINT CLEARLY (or submit all of your registration online at [www.firstgiving.com/ttac](http://www.firstgiving.com/ttac) and begin fundraising today)

Participant's Name: \_\_\_\_\_

Event Option\* - I plan to (choose one):

**Ride** (18 mi.)\_\_\_\_, **Ride** (32 mi.)\_\_\_\_, **Ride** (50 mi.)\_\_\_\_, **Walk** (5K) \_\_\_\_\_, **Walk** (10K) \_\_\_\_\_  
**Run\*\*** (5K) \_\_\_\_\_, **Run\*\*** (10K) \_\_\_\_\_, **Run\*\*** (1/2 Marathon, 13.1 timed) \_\_\_\_\_, **Volunteer** only \_\_\_\_\_

Experience Level (if runner/rider) (circle): Beginner Intermediate Advanced

Gender (circle): M F Age of Participant on Day of Event: \_\_\_\_\_

Past Event Participation (circle): 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016

E-mail Address (please print clearly): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, St., ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Adult T-shirt Size (circle): S M L XL XXL XXXL Other: \_\_\_\_\_ Team Name (if any): \_\_\_\_\_

\*note that different events start at different times. \*\* top 3 M/F runners in each event receive medals (along with all 1/2M finishers); 1/2M is timed; all other runners self-time

## ACCIDENT WAIVER AND RELEASE OF LIABILITY

(required for all participants)

I acknowledge that this athletic event is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether cause by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film, likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

### **PARENT OR GUARDIAN WAIVER FOR MINORS** (under 18 years old on event date)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Participant's Signature: \_\_\_\_\_

Parent/guardian's Signature (if under 18 on event date): \_\_\_\_\_

Participant's Name (please print): \_\_\_\_\_ Date Signed: \_\_\_\_\_

Use this page to collect sponsorships from your friends/coworkers/family in person. Collect their donations at the time of the pledge and bring them with you on the day of the event or mail them.\*\*

You can add these sponsorships to your fundraising totals online if you've registered online.

Sponsor Name	Phone	Email Address	Donation Amount	Collected*

\*\*Participants: bring checks payable to Trail to a Cure, Inc. to the event, or mail them to Trail to a Cure, 2505 Stratford Chase Pkwy. Columbia, MO 65201-7099. Credit/debit cards are accepted at [Firstgiving.com/ttac](http://Firstgiving.com/ttac).

## **BEFORE THE EVENT...**

### **Getting to the Event:**

The nice folks at [bikekatytrail.com](http://www.bikekatytrail.com) have maps and other resources to help you get to Rocheport's Trailhead. See <http://www.bikekatytrail.com/viewImage.asp?iid=147>  
A town map is also available: <http://www.bikekatytrail.com/rocheport.asp>

### **Places to Stay:**

Rocheport has a number locally-owned bed and breakfast facilities, as does nearby Boonville (see list at <http://www.bikekatytrail.com/katytrailbandb.asp>). Columbia has ample hotel rooms as well.

### **On-site Check-In/ Packet Pick-up/ Registration:**

There is no packet pick-up ahead of event day. On-site registration and pre-registered participant check-in opens at **8:00 am** on the day of the event near the Rocheport Trailhead on the Katy Trail in Rocheport, Missouri. Please arrive at least 30 minutes prior to your event start time (listed below). Credit/debit cards are accepted on event day if trailside tech cooperates; cash is preferred. On-site registration is more expensive—if at all possible, register online in advance.

### **Event Type/Distance Options** (please choose one when you register; all times approximate):

- **Ride**-50 miles from Rocheport to **Hartsburg** round-trip; **start at 9:00**, finish at ~2:00.
- **Run**-1/2 Marathon (13.1 miles) from Rocheport to **Huntsdale** round-trip; **start at 10:30**, finish at ~2:00.
- **Ride**-32 miles from Rocheport to **Cooper's Landing (near Easley)** round-trip; **start at 10:30**, finish at ~2:00.
- **Walk**-10K from Rocheport to Maggie/Angie's Stop, round trip; **start at 11:30**, finish at ~2:00.
- **Ride**-18 miles from Rocheport to **McBaine** round-trip; **start at 12:00**, finish at ~2:00.
- **Run**-10K from Rocheport to Maggie/Angie's Stop, round trip; **start at 12:30** finish at ~2:00.
- **Walk**-5K from Rocheport to I-70, round trip; **start at 12:45**, finish at ~2:00.
- **Run**-5K from Rocheport to I-70, round trip; **start at 1:00**, finish at ~2:00.

## **DURING THE EVENT...**

### **Start/Finish Line Activities/Logistics:**

Follow the signs to the start/finish line near the Rocheport Trailhead.

Questions? See us at the On-Site Registration Table/Booth

A hospitality table will be provided for participants and supporters in Rocheport until all participants have departed on their rides/walks/runs.

**See ROUTE MAP FOR DETAILS ABOUT REST STOPS, TURN AROUNDS, ETC.**

### **Sweepers:**

We will have "wrenchers" on the trail who may have extra bike tubes, etc. (no "SAG" wagons will be provided). Sweepers will be sweeping the route to ensure everyone safely returns.

## **AFTER THE EVENT...**

### **Post-Event Celebration:**

Join your family, friends, volunteers, and Trail to a Cure organizers at the post-event celebration near the Rocheport trailhead—live music, free food for participants, beer/wine available for purchase, food for guests available for purchase, raffles, and announcement of race event winners who stay until all racers have returned.

See web for directions: <http://www.bikekatytrail.com/site.asp?sid=162>.

### **Help Plan the next Trail to a Cure event!**

If you would like to become involved in making this annual event possible, please contact us at [info@AIDStrailtoacure.org](mailto:info@AIDStrailtoacure.org), explaining what type of involvement appeals to you.

In **MEMORY** of those we've lost to HIV/AIDS.

In **HONOR** of those who live with HIV/AIDS.

In **HOPE** of finding a cure.

**Thank you for participating!**

**Join us next year—always the first Saturday in May!**