

**2024
DIRT
MONSTER
TRAIL
RACE
REGISTRATION**



First Name: _____

Last Name: _____

Age on Race Day: _____ Desired Shirt Size: YS YM YL S M L XL XXL Gender: M F

Emergency Contact Number: _____

Team (if applicable): _____

Email: _____

I hereby certify that I am in good physical condition and hereby assume all risks and liabilities related to my participation. I understand the race course is a mixture of dirt roads and trails with uneven surfaces. I hereby for myself, my heirs, executors, administrators, and assigns, release OCD Pennsylvania, the IOCDF, All Race Sponsors, any municipalities or other public entities (and their respective agents and employees) and all volunteers from all claims for injury suffered by me while participating in this event. I understand that the entry fee is non-refundable. I also give permission for free use of my name, picture, or likeness for any purposes related to the race.

*Signature: _____

*Signature of Parent/Guardian if age 18 or under: _____

\$25 Individuals

\$30 Team Captain

Mail To:

Dirt Monster Race Director
1773 Feguson Rd
Allison Park, PA 15101

Make Checks Payable to Jeramiah's Place