



Thanks for applying for the Dreams in Action Running Camp '10

The registration fee is **only** \$1,925 USD per person.

There are **only 20 spaces available** on a first come, first served basis.

Bring a friend!*
Save 10%

*If you bring a guest, and share a room
- with your spouse, pacer/crew member, or running friend -
take 10% off your camp fee!



Dreams in Action
Running Camp '10 Application

Please type or print all information legibly:

Name of Running Camp: Dreams in Action Running Camp '10

Dates and Location of Camp: October 6-10, 2010, Stovepipe Wells Village, Death Valley, CA

Full Legal Name: _____

Preferred Name: _____

Mailing Address: _____

Street Address or P.O. Box

City State Zip

Country

E-mail: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Occupation: _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

T-Shirt Size: _____ (s, m, lg, xlg)

In Case of Emergency please notify: _____

Relationship: _____

Address: _____

Phone: _____

_____ Initials



Any dietary restrictions (vegetarian, food allergies, etc.)? We will work with our host location to try to accommodate your needs.

Any special requests (desire to share rooms, etc. – please note if this is a joint application eligible for the double occupancy discount, provide the name of the joint applicant). We do our best to accommodate requests.

How did you learn about the camp (invitation, internet, advertisement, word of mouth: who may we thank?)

Why are you joining us at our camp in Death Valley? What do you hope to learn or go away with from your participation in this camp? How can we help you put your dreams in action?

Briefly describe your abilities and experiences as a runner.

What is your next race or running/fitness goal? What is your running dream?

_____ Initials



The following items are also included with my application:

_____ Signed Fitness Form

_____ Signed Terms & Conditions/Liability Waiver

_____ Payment (all payments include a \$250 non-refundable registration fee)

\$750 deposit (minimum, including the registration fee)

– OR –

\$1,925 full payment [Note: this fee is based on sharing a room/double occupancy]

– OR –

\$1,733 if you register with a friend - full payment

Name of joint applicant: _____

Make sure all forms are signed and initialed where indicated. Upon receipt of application and deposit (or full payment), we will send notice of acceptance, a detailed schedule, and specific packing list.

Final payment for the Running Camp '10
is due no later than September 22, 2010.

Please see the Terms and Conditions for specifics regarding deposit amount, balance due requirements, and refund policy. Thank you.

I have enclosed \$_____

Make checks or money orders payable to:

Dreams in Action

Send application and payment to:

Marshall Ulrich
Dreams in Action
515 Brook Drive
Idaho Springs, CO 80452

Signature

Date

Printed Name



Running Camp Fitness Form

Please type or print all information legibly.

Please describe what you do to keep fit, including any/all running or cross training you typically complete on a weekly basis.

Please list any desert and/or extreme heat training or racing experience you may have.

Please list any trail and/or mountain training or racing experience you may have.

Please answer each question, providing detailed information on dates and type of medical treatment. Please attach a separate sheet if necessary. Your signature on this form certifies that your statements are true; and further certifies that you are physically fit and thus are able to meet the requirements of this camp.

1. List any major injuries, accidents, illnesses, or operations you have had in the past five years.

_____ Initials



2. Do you have any back, knee, or other joint problems? Yes No If yes, please describe.

3. In addition to anything listed in #2, list **all** physical/mental limitations or medical conditions that may restrict your abilities for this camp (high blood pressure, heart conditions, etc.).

4. List all medications that we should be aware of (blood pressure, heart condition, etc.).

5. List all allergies to food and/or medication:

6. Do you smoke? Yes No

7. Are you familiar with standard first-aid and current CPR techniques? Yes No

Medical certifications or qualifications if applicable:

Signature

Date

Printed Name



Running Camp Terms and Conditions/Liability Waiver

Please read and understand this document before signing. If you have any questions please ask us or consult an attorney.

I hereby give my consent for Dreams in Action, LLC (Marshall Ulrich) and Challenge Distance Discovery, Inc. (Ray Zahab) (CAMP HOSTS) to use my photograph, likeness and/or voice for any/all promotional and/or commercial purposes, including any approved third party marketing – including (but limited to) their Web sites, advertisements, and potential future books – without any remuneration to me.

I understand that the CAMP HOSTS reserve the right to change the price of, cancel, or withdraw any camp for any reason whatsoever prior to camp dates. After camp starts, CAMP HOSTS reserve the right to alter or omit any part of the schedule of events without notice and without allowance of refund. The CAMP HOSTS also reserve the right to accept or reject any person as a camp participant at any time.

PARTICIPANT RESPONSIBILITY

Camp participants are responsible for their own well-being. This includes good health and good physical condition. Participants joining the camp, including all training runs and cross training sessions must certify (by completing and signing the Fitness Form) that they are physically fit and thus are able to meet the requirements of the camp.

The CAMP HOSTS its agents, employees, instructors, and volunteers, have done everything possible to assure the safety of camp participants. We wish to inform participants that engaging in training runs and cross training sessions – possibly in remote areas, on trails, at high altitude, or in extreme temperatures – is not risk free. The same elements that contribute to the unique character and fun of the training camp can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death. We do want you to know in advance what to expect, and to be informed of the some of the possible risks.

ACKNOWLEDGEMENT OF RISK

I understand that throughout the camp I am responsible for my own safety and well being.

I understand that I will be participating in training runs and cross training sessions that may be in remote areas, on trails, at high altitude, or in extreme temperatures and freely accept the risks associated with such activities. I am voluntarily participating in the camp and understand that there are risks and dangers involved with camp activities including by not limited to physical exertion for which I am not prepared; falls; forces of nature; dehydration or lack of nourishment; wild animals; high altitude; extreme temperatures; accident or illness; possible limited access to medical treatment; etc. I understand that these risks can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death.

I understand that meals are prepared by the host facility, and the CAMP HOSTS are not responsible for its quality or safety. I will only use potable water from known sources; or will be responsible for disinfecting or treating any water obtained from other sources (for example, from streams along the trail), and the CAMP HOSTS are in no way responsible for the quality or safety of any water I consume.

This list is not an exclusive or exhaustive list of possible risks that I may encounter during the camp. These risks increase and are more likely if I use drugs or alcohol or am not physically able to undertake the activities included in the camp.

_____ Initials



CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that I am fully capable of participating in the camp. I state that I have read the above statement on some of the possible risks encountered during this camp. Therefore, I assume full responsibility for bodily injury, death, loss of personal property and any expenses as a result of my negligence. I also understand that Dreams in Action LLC (Marshall Ulrich) and Challenge Distance Discovery, Inc. (Ray Zahab) (CAMP HOSTS) reserve the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the camp or any/all camp activities. I am in good physical condition and able to undertake this camp.

I agree to indemnify and hold harmless the CAMP HOSTS their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from my participation in these activities. I further agree to release, acquit and covenant not to sue the CAMP HOSTS their agents and employees for all actions causes of action claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of the CAMP HOSTS, and myself against the CAMP HOSTS arising out of participation in this camp.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be in the State of Colorado governed by Colorado State law. The terms of this agreement shall continue and be in effect until after the camp has ended.

As liquidated damages, I hereby agree that if the CAMP HOSTS are forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, I agree to pay the CAMP HOSTS costs and attorney fees if they successfully defend such action, lawsuit or litigation. Should a court of competent jurisdiction declare any paragraph or part of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

CANCELLATION AND REFUND POLICY

The CAMP HOSTS must adhere to the following refund policy.

- You must send a deposit in the amount of \$750 (at a minimum) with your application, which includes a \$250 non-refundable registration fee, at least 30 days (or less, with permission) prior to the camp.
- Balances are due by September 22, 2010. Participants whose balances are not **received** by September 22, 2010 risk forfeiture of their place in the camp and loss of their registration fee and deposit.
- Full refunds, less registration fee, will be provided if you cancel 30 days prior to the camp.
- 50% refunds, less registration fee, will be provided if you cancel more than 15 days prior to the camp.
- 20% refunds, less registration fee, will be provided if you cancel more than 7 days prior to the camp.
- No refunds will be provided less than 7 days prior to the camp.
- All cancellations and refund requests must be made in writing and be received by us prior to the stated deadlines.

In the unforeseeable event this camp is canceled, you will be refunded the total amount paid less the registration fee. I understand that the CAMP HOSTS reserve the right to change the price of, cancel, or withdraw any camp for any reason whatsoever prior to camp dates.

TRIP CANCELLATION INSURANCE

We highly recommend purchasing trip cancellation insurance, and suggest Insure My Trip (note: we do not receive any financial gain if you use this company, and you are free to research and select your own company and/or policy). Policies are available online at <http://www.insuremytrip.com>.

_____ Initials



I authorize and release to the CAMP HOSTS the use of my image in any photograph or video recording for any purpose of the CAMP HOSTS.

I have adequate health, disability, and life insurance for myself.

I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE AND ACCEPT ANY AND ALL RISK OF DELAY, UNANTICIPATED EVENTS, INCONVENIENCE, ILLNESS, INJURY, EMOTIONAL TRAUMA OR DEATH.

I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified CAMP HOST or medical personnel to render necessary emergency medical care for me.

I, _____, of my own free will, have read, understand and acknowledge the risks and liability for myself, this _____ day of _____ 200____.

[] I have no medical condition that would prevent my participation in this camp.

Signature: _____ Date: _____

Printed name: _____

Address: _____

Telephone: [_____] _____

I carry Medical Insurance? Yes _____ no _____

Name of provider: _____

Group Number: _____

Phone: _____