

2024 BADWATER 135 COMPETITOR CHECK-IN

Competitor Check-In is Sunday, July 21, 1230-1630 It is held at Lone Pine High School (in the gymnasium; enter via E. Muir Street) at 538 S Main St, Lone Pine, CA 93545 (south end of town.) This is the same location for the Pre-Race Meeting between 1700 and 1830. Both events are mandatory for both Racers and Crew Chiefs, and very strongly encouraged for all crew.

All racers and all designated Crew Chiefs must go through the Competitor Check-In line. All crew members are encouraged to attend, but do not need to wait in line (just come inside.) Badwater Gear Retail is held at the same time and place; come straight inside if you want to shop.

YOU MUST BRING:

Proof of Payment of Death Valley National Park Entrance Fee

All competitors and crew must pay the Death Valley National Park Entrance Fee for their support vehicle, and bring proof to Competitor Check-In. Entrance. Fees may be paid online at <https://www.recreation.gov/sitepass/74277> (and this must be printed, and brought to the race!) Entrance fees may also be purchased at the Inter-Agency Visitors Center in Lone Pine, or at the kiosk at Badwater Basin, at Furnace Creek Visitors Center, or the Ranger Station in Stovepipe Wells.

Gear You Must Bring That We Will Check

- 2 Reflective Hi-Viz Running Vests with 360° Reflectivity for competitor & pacer to wear at night
- 10-14 Wearable Blinking Lights: (minimum two per competitor, pacer, & crew to wear at night)
- 8 Biffy Bags (or similar; NOT Ziplock bags, NOT dog poop bags)
 - If you pre-ordered Biffy Bags, please come inside and get them before checking in.
- 2-4 (1 per crew) OSHA Class 3 High-Visibility Shirts or Badwater ZZYXXZ Class 3 Shirts
 - If you have pre-ordered the Badwater ZZYXXZ Class 3 Shirts from us, please come inside and get them before checking in for the race. If you need to buy any of these shirts, come to Competitor Check-In as soon as possible and come inside to purchase them, as they are only available in limited numbers! (We only have a few extras.)

Forms to Turn In (please print and fully complete all forms in advance)

- Check-In Form (one per competitor)
- Accident Waiver and Release of Liability Form (one per competitor and per crew member)
- NPS Visitor / Participant Acknowledgement of Risk Form (one for the competitor only)
- Medical History Form (optional; only submit if you have relevant medical history to report)

One Other Item that is Required, as per the Race Rules

- Did you read the rules closely? Please write the racer bib # on the special required item.

Gear We Will Provide:

• Sticky Vehicle Numbers for Support Vehicle (These MUST be used on all four sides of the support vehicle.) These will be in the runner goodie bag, along with Racer and Pacer Bibs, custom “BibBoards” to easily mount one bib (more will be available for purchase), plus BADWATER Magazine, and other items.

• “CAUTION RUNNERS” Sign: We will provide a one-time use sign, unless you choose to pre-order the magnetic, reusable style. **Bring blue “painter’s tape” to mount it on the rear of your vehicle. Ask us for a CAUTION RUNNERS sign if you need one.**

Badwater 135 Ultramarathon - Competitor Check-In Form

Please bring this form, **fully completed**, to Competitor Check-In.

Competitor Name	Bib Number	
Number of Crew Members	Number of Waivers Attached	
Number of Support Vehicles	Online Pre-Race Meeting Secret Code	
Shoe Brand 1	Model	Color
Shoe Brand 2	Model	Color

Each competitor must be accompanied by a support crew comprised of no more than one four-wheeled motor vehicle and at least two and no more than four crew members - at least two or whom are legally licensed to drive and at least one or whom can speak English - at all times. Race entrants may have no more than one support vehicle and no more than four crew members in total on the race course, Unofficial or extra crew members and family cheering squads may only be present in Lone Pine and at the finish line; they may not drive on the race course except between Lone Pine and the finish line and such drive must be made without stopping along the route

Vehicle 1

Make	Model
Color	License

Vehicle 2: May not be on the race course except in Lone Pine and/or driven directly to the finish line

Make	Model
Color	License

1. Crew Member Name

Waiver attached? Yes No

Medical Training? Check all that apply: 1st Aid CPR Lifeguard EMT Nurse MD

2. Crew Member Name

Waiver attached? Yes No

Medical Training? Check all that apply: 1st Aid CPR Lifeguard EMT Nurse MD

3. Crew Member Name

Waiver attached? Yes No

Medical Training? Check all that apply: 1st Aid CPR Lifeguard EMT Nurse MD

4. Crew Member Name

Waiver attached? Yes No

Medical Training? Check all that apply: 1st Aid CPR Lifeguard EMT Nurse MD

5. EXTRA / UNOFFICIAL Crew Member Name

Waiver attached? Yes No

Medical Training? Check all that apply: 1st Aid CPR Lifeguard EMT Nurse MD

6. EXTRA / UNOFFICIAL Crew Member Name

Waiver attached? Yes No

Medical Training? Check all that apply: 1st Aid CPR Lifeguard EMT Nurse MD

Please TYPE on form, then print, then sign. Thank you!

Badwater 135 Ultramarathon Accident Waiver and Release of Liability / Release of Name and Likeness

I acknowledge that this event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I acknowledge the risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, lack of hydration, equipment, vehicular traffic, contact with or actions of others including, but not limited to, participants, volunteers, spectators, journalists, coaches, event officials, and event monitors, and/or producers of the event. The risks are not only inherent to athletics, but are also present for volunteers and support staff. I hereby assume all of the risks of participating and/or volunteering in this event.

I certify that I am physically fit, have sufficiently trained and prepared for participation in the event and have not been advised otherwise by a qualified medical person. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that all medical and/or emergency evacuation costs for participants or crews will be borne by that person or their heirs. The race organizers and sponsors are in no way liable or responsible for medical costs or emergency evacuation.

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 or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: AdventureCORPS, Inc., National Park Service, U.S. Forest Service, State of California, United States of America, County of Inyo, Chris Kostman, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, as well as any and all involved municipalities or other public entities, (and their respective agents and employees); (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

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

I have read, understand, and agree to abide by the rules of the event, and will require my support team members to do the same.

I further agree that I will abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases. I will also abide by all COVID-19-related requirements imposed by the race organizers and local authorities.

I understand and accept that refunds – less \$500 – are only available until May 1, 2024 upon written (email) request.

I acknowledge that the final, exact route is subject to approval from various government agencies and is always subject to change due to various factors beyond the control of the event organizers.

I understand and accept that if the event is canceled due to pandemic, extreme weather, community disaster, or other *force majeure*, neither refunds nor credits will be given.

I understand that all motor vehicles used either for personal support or for any other event purpose at the Badwater 135 must be covered by at least the minimum legal requirements of property damage and personal injury liability auto insurance for the state of California.

I understand and accept that the event organizers must receive a signed copy of the Entrant Contract and this Waiver & Release of Liability by February 19, or I will lose my spot in the race and will be subject to the refund policy.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) 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. I understand that this AWRL 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. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Signature _____ **Date** _____

Name _____ **Age** _____ **Birthday** _____

Address _____



National Park Service
U.S. Department of the Interior

Death Valley National Park

Special Park Uses Program

PO Box 579
Death Valley, CA 92328

760/786-3241 phone
760/786-3246 fax

Commercial Use Authorization—Exhibit 1

Visitor/Participant Acknowledgement of Risk Form

In consideration of the services of AdventureCORPS, Inc., their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as “AdventureCORPS, Inc.”) I agree as follows:

Although AdventureCORPS, Inc. has taken reasonable steps to provide me with the appropriate information so I can enjoy an activity for which I may not be skilled, AdventureCORPS, Inc. has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. AdventureCORPS, Inc. does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

I acknowledge that this athletic event is an extreme 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, lack of hydration, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, journalists, coaches, event officials, and event monitors, and/or producers of the event. The risks are not only inherent to athletics, but are also present for volunteers and support staff. I hereby assume all of the risks of participating and/or volunteering in this event.

I am aware that running and other sports activities entail risks of injury or death to any participant or volunteer. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of AdventureCORPS, Inc. has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Print Name

Entrant Bib Number

Signature

Date

EXPERIENCE YOUR AMERICA

The National Park Service cares for special places saved by the American people so that all may experience our heritage.

BADWATER 135 RUNNER MEDICAL HISTORY

****Please complete this and turn in at the Runner Check-In****

NOTE: This form is optional; please only submit if you have something to report.

This is for the Medical Staff only. No one else has access to this information and this form will be destroyed after the race. It will not be used for any other purpose other than to help us provide medical treatment should the need arise. Our goal is the same as yours....to get you safely to the finish line!

NAME _____ BIB # _____

M _____ F _____ AGE _____ STARTING WAVE _____ YEAR _____

Please list any medical conditions that you have:

Please list any medications you are taking, including vitamins and supplements:

Do you have any allergies to any medications? Yes _____ No _____

If yes, please explain _____

Please provide contact information for one person who is not at the race whom we may contact in case of an emergency:

Name _____ Phone _____

Thank you and have a safe run!