



SPRING UP THE BLUFF

Scotts Bluff National Monument Saturday, April 16, 2016 – 8:00 a.m.

Course Description

Scotts Bluff National Monument Summit Road
Relay begins at the Summit Road gate and finishes on the summit.
Total distance is 1.6 miles with a 6 percent grade at steepest point.

Six positions are on each team.

Interval Distances: 4 positions at 0.3 miles
 2 positions at 0.2 miles

Divisions

Running and Walking Divisions

Age Categories

A. Ages 20 and Under	If the team has mixed ages whatever the majority age of the team.
B. Ages 21 – 39	
C. Ages 40 and above	

Registration

Registration Fee will only be \$10 a person, 1 to 6 people on a team.

Please pre-register your team before April 15th by filling out the entry form completely on the reverse side of this flyer and return it to either of the following:
Scotts Bluff National Monument visitor center which is open 8 a.m. to 5 p.m., seven days a week. Phone (308) 436-9700 Fax (308) 436-7611 or write P.O. Box 27, Gering, NE 69341
Scottsbluff/Gering United Chamber of Commerce, 1517 Broadway, Suite 104, Scottsbluff, NE 69361. Phone (308)632-2133
ONLINE at <http://bluffrun.eventbrite.com>

Sponsoring Partners



Scotts Bluff
National Monument



SPRING UP THE BLUFF

Saturday – April 16, 2016 - 8:00 a.m.

REGISTRATION

Pre-registration will end Wednesday, April 15, 2016. Teams can register the morning of the race.

Name of Team: _____

Division: _____ Running _____ Walking

Age Categories

(If team has mixed ages, chose the category that represents average age of team.)

- A. Ages 20 and Under
- B. Ages 21- 39 _____
- C. Ages 40 and above

TEAMS REGISTERED, ASSEMBLED and READY BY 7:40 A.M. RACE DAY

1 st Position: (Name) _____ Age Category _____ (0.3 mile) (Address, Phone) _____ (2 nd Steepest)
2 nd Position: (Name) _____ Age Category _____ (0.2 mile) (Address, Phone) _____ (Steepest)
3 rd Position: (Name) _____ Age Category _____ (0.3 mile) (Address, Phone) _____
4 th Position: (Name) _____ Age Category _____ (0.3 mile) (Address, Phone) _____
5 th Position: (Name) _____ Age Category _____ (0.2 mile) (Address, Phone) _____
6 th Position: (Name) _____ Age Category _____ (0.3 mile) (Address, Phone) _____

ALL Must Sign Waiver

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against the National Park Service for any illness or injury that may directly or indirectly result from my participation in the Spring Up the Bluff Relay. I am not aware of any physical condition which could prohibit my participation. Parent or guardian must sign if entrant is under 18.
