



# Insomniac Night Rides 2026 Series Entry Form

Official Use Only  
Race-Day Bib  
#

CASH  CREDIT

**First Name**

**Last Name**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Male**  **Female**      **Age on Race Day**       **Date of Birth**

### Entry Fees

|                          | Fees by Postmark Date | Until 2/22 | Until 3/29 | Until 4/22 | Race Week |
|--------------------------|-----------------------|------------|------------|------------|-----------|
| <input type="checkbox"/> | 6 Hour Duo            |            |            |            |           |
| <input type="checkbox"/> | 6 Hour Solo           | \$425.20   | \$457.09   | \$488.98   | \$552.76  |
| <input type="checkbox"/> | 3 Hour Solo           | \$345.48   | \$372.05   | \$398.63   | \$451.78  |
| <input type="checkbox"/> | Single Lap            | \$271.07   | \$297.64   | \$324.22   | \$377.37  |
| <input type="checkbox"/> | Juniors Lap           | \$132.88   | \$132.88   | \$132.88   | \$175.40  |

Shirt Size:    \_\_\_ Men's Cut    \_\_\_ Ladies Cut    \_\_\_ Youth  
 \_\_\_ XS    \_\_\_ Sm    \_\_\_ Med    \_\_\_ Lg    \_\_\_ XL    \_\_\_ 2XL

Please include your entry fee and mail to:  
(checks payable to ARAVAIPA RUNNING)

**Aravaipa Running**  
2401 S 24th Street  
Phoenix AZ 85034

#### Event Waiver & Release

This waiver covers the 2026 Insomniac Night Rides Series. I understand that running on trails is strenuous exercise and has some danger. I give statement that I am in good health and there is no medical reason that I should not attempt such a feat. I know that running on trails poses many hazards, not limited to falls, bad weather, rockslides, getting lost, wild animal attack and generally dangerous conditions. I am entering this event with full knowledge that I could easily be hurt or face life threatening injuries. I fully assume all risks of injury, illness or death, and release covenant not to sue, and discharge Maricopa County Regional Parks, Maricopa County, Aravaipa Running LLC, Aravaipa Rides, the race director, volunteers, all sponsors, and any individuals or groups associated with this event, all actions, claims or demands for damages arising out of my participation in this event. The forgoing release is binding upon me personally, as well upon my heirs, executors, and administrators, and all members of my family, or anyone else who may make claim on my behalf. Entry fees are non-refundable and non-transferrable. I further grant my irrevocable permission to Aravaipa Running LLC, and its authorized agents, to use my name and any photographs, videos, motion pictures, recordings, or any other record of my participation in this event. No REFUNDS or TRANSFERS once entry is accepted.

Signature \_\_\_\_\_

Signature of Parent/Guardian if under 18 Years \_\_\_\_\_

Date \_\_\_\_\_