



Association of Canadian Ultramarathoners
Association canadienne des ultra-marathoniens

RECORD APPLICATION

ATHLETE	Name:	Male / Female (circle one)
	Address:	
	Date of birth (dd/mm/yyyy):	Age Group:
	Email:	
	Nationality (attach copy of passport or birth certificate):	ACU Member #:
EVENT	Name:	
	Location (City, Province/State, Country):	
	Date(s) of race (dd/mm/yyyy):	
	Event distance or event duration:	
COURSE Please send a copy of the course map & course certification with this application	Point to Point / Out and back / Single Loop / Multi Loop (circle one)	
	If multi-loop, state loop distance (note metric or imperial):	
	Surface held on (road or track):	
	Course measured by (name/organisation):	
	Method used:	
	Certificate number (attach a copy):	

Note: The athlete is welcome to complete "Athlete" and "Event" sections in order to assist the event and timing officials. The event or timing official should email the completed document to ACU.

Athlete Name: _____

RESULT Please send a copy of complete race results listing all racers	Record(s) claimed (Open/Age Group plus distance/time): For multi lap course provide copy of lap sheets.

In the event of a multi-loop course where a partial final loop was added to the end result, additional information must be provided as follows:

Measurement of partial lap

Measurer's name	Grade/level National Body's Licence number	Measurer's signature	Measured distance rounded down to nearest cm.	Method of measurement & accuracy

In the event of chip/electronic timing, the operator's certification must be provided as follows:

Operator's name	Relevant Qualification	System name and company providing the service.

TIMING OFFICIAL'S AFFIDAVIT

I confirm that the electronic system operated correctly throughout the race and that the times shown are "gun" times.

Email address of timing official: _____

Signature: _____

Note: The athlete is welcome to complete "Athlete" and "Event" sections in order to assist the event and timing officials. The event or timing official should email the completed document to ACU.

Athlete Name: _____

RACE DIRECTOR'S AFFIDAVIT

To the best of my knowledge and belief:

- 1) The course was accurately measured to World Athletic standards for record purposes (including limitations on elevation change and separation for road courses) and there is no reason to doubt that the above athlete ran the full course as measured.
- 2) The time/distance recorded for the athlete is accurate (the timer and distance were accurate and there is no reason to doubt that the above time/distance was correctly assigned to the above athlete).
- 3) There is no reason to believe that the athlete was unfairly aided (e.g., pacing or assistance by a non-competitor, illegal assistance from another competitor, etc).
- 4) In general, the times of athletes competing in the race were consistent with their normal level of performance (i.e., there is nothing to suggest anything untoward about the race results in general).

If the race director has any comments, concerns or reservations in answering affirmatively to the above, please comment on the bottom of this form.

Name of race director:
Address:
Email:
Phone:
Signature:

return to: ACU records officer, e-mail: records@canultra.ca

ACU strongly prefers that applications are received by email from the race director (RD) rather than the athlete, although the athlete may complete portions of the application in advance for the race director. Applications received by an athlete will require confirmation from the RD that the application was not altered.