



Bib # _____

Saturday, August 26, 2017

Are you Part of a Team? Y or N

Team Name _____

REGISTRATION FORM

Name: _____ Age: _____ (on race day) Sex M F

Address: _____ City, _____ State _____ Zip _____

Email: _____ Phone: _____

Waiver

(must be signed by parent or guardian if under 18)

I, the undersigned, agree to indemnify and hold harmless beneficiaries, sponsors, volunteers and anyone else associated with this event from all cost, expense and liability arising directly or indirectly from my or my child's participation in this event. I agree to assume liability for any loss, damage or other liability resulting from my or my child's participation in this event.

Participant Signature _____

Payment Amount _____

_____ CC _____ Cash

Parent/Guardian Signature _____

_____ Check - # _____

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