



Bib # \_\_\_\_\_

**Saturday, August 25, 2018**

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 - # \_\_\_\_\_

Bib # \_\_\_\_\_



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