

**RACE DAY ENTRY FORM
2 PERSON RELAY TEAM**

Team Name:

Official race use only BIB #: _____
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RUNNER #1

FIRST NAME:

LAST NAME:

AGE (on race day): _____ BIRTHDATE: ____/____/____ GENDER: _____

CITY: STATE:

Email: _____

Official race use only BIB #: _____
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RUNNER #2

FIRST NAME:

LAST NAME:

AGE (on race day): _____ BIRTHDATE: _____ GENDER: _____

CITY: STATE:

Email: _____

I hereby signify that I understand that this event, Millennium Running LLC, the City, Town, or municipalities where the event occurs, event sponsors, the area where I run or walk and all other organizations and persons connected with this event are not to be held responsible for any injuries which I may suffer while taking part in this event or as a result thereof. In this connection, I hereby waive any claim for damages to my person or property. I further state that I am in proper physical condition to participate in this event. I grant permission for the organizer to use any photograph of any other record of this event for any legitimate purpose.

RUNNER #1

Participant's Signature: _____ Date _____

If under 18, parent or guardian's signature: _____ Date _____

RUNNER #2

Participant's Signature: _____ Date _____

If under 18, parent or guardian's signature: _____ Date _____