RACE DAY ENTRY FORM

Official race use only

BIB #: _____

4 PERSON RELAY TEAM

Team Name:

RUNNER #1

FIRST NAME:

LAST NAME:

AGE (on race day): _____ GENDER: _____

Email: _____

Official race use only

BIB #: _____

RUNNER #2

FIRST NAME:

LAST NAME:

AGE (on race day): _____ GENDER: _____

Email: _____

Official race use only

BIB #: _____

RUNNER #3

FIRST NAME:

LAST NAME:

AGE (on race day): _____ GENDER: _____

Email: _____

Official race use only

BIB #: _____

RUNNER #4

FIRST NAME:

LAST NAME:

AGE (on race day): _____ GENDER: _____

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_____

RUNNER #3

Participant's Signature: _____Date_____

If under 18, parent or guardian's signature: _____Date_____

RUNNER #4

Participant's Signature: _____Date_____

If under 18, parent or guardian's signature: _____Date_____