

Harrisburg Marathon Relay Registration Form

Sunday, November 12, 2017

INSTRUCTIONS

- Relay team registration forms must be received by Monday, November 6th
- Each team must submit registration in one packet. Complete all information on Registration Form including all names, birth dates, ages on race day, sex, and shirt size.
- Have all relay team members sign the Waivers and Releases
- Write check or money order payable to East Shore YMCA, and submit with your team registration
- Teams of 2 and 3 members are permitted, but only teams of 4 are eligible for awards
- Minimum relay age is 13 years old
- **Identify relay legs for participants:** Leg 1 (8.1 miles), Leg 2 (5.3 miles), Leg 3 (7.9 miles), Leg 4 (4.9 miles)

MAILING ADDRESS (and make checks payable to):

East Shore YMCA
Attn: Tom Gifford
701 N. Front St
Harrisburg, PA 17101

NO REFUNDS

COSTS

___ February 10 th to February 28 th - \$180	___ March 1 st to April 30 th - \$190
___ May 1 st to June 30 th - \$200	___ July 1 st to August 31 st - \$225
___ September 1 st to August 31 st - \$260	___ November 1 st to November 6 th - \$280

TEAM NAME: _____

TEAM CATEGORIES (check one)

Base Categories (combined age of 159 or below)

- All male All female Mixed

Masters Category (combined age of 160 or over)

- All male masters All female masters Mixed Masters All 50+

**PRINT LEGIBLY
TO AVOID
YOUR
INFORMATION
BEING LISTED
INCORRECTLY**

RELAY PARTICIPANT #1 - (team captain)

- The team captain will be the main point of contact for any necessary communications prior to race day

Name _____

Address _____ Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Age on Race Day (11/12/17) _____ Gender: M F

Email _____

Hoodie size (circle one): Small Medium Large XL XXL

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RELAY PARTICIPANT #2 NAME: _____

Email _____ Age on Race Day (11/12/17) _____

Hoodie size (circle one): Small Medium Large XL XXL Gender: M F

RELAY PARTICIPANT #3 NAME: _____

Email _____ Age on Race Day (11/12/17) _____

Hoodie size (circle one): Small Medium Large XL XXL Gender: M F

RELAY PARTICIPANT #4 NAME: _____

Email _____ Age on Race Day (11/12/17) _____

Hoodie size (circle one): Small Medium Large XL XXL Gender: M F

RELAY LEG ASSIGNMENT (OPTIONAL)

Some teams decide and change relay legs on race day. Any changes in relay leg order can be updated in the race results by emailing the race director following the race. All requested change prior to the race must be sent to the race director (tom.gifford@ymcaharrisburg.org) by Monday, November 6th

Leg 1 (8.1 miles) _____

Leg 2 (5.3 miles) _____

Leg 3 (7.9 miles) _____

Leg 4 (4.9 miles) _____

WAIVER AND RELEASE In consideration of your accepting this entry, I hereby, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights for liability and damages I may have against any sponsor, volunteer, and/or official of the Harrisburg Marathon, Harrisburg Area YMCA, City of Harrisburg, Dauphin County, Susquehanna Township, and their representatives, successors, and assigns for any and all injuries or death suffered by me in or arising by said event. I acknowledge that it is my responsibility to understand the risks and precautions I should take. I attest that I am who I claim to be, am physically fit, and have sufficiently trained for this event. I acknowledge that bicycles, skateboards, baby joggers, roller skates or inline skates, wheelchairs, audio headsets, and animals are prohibited in this event. I agree to not cover, alter, or transfer my assigned race number to another on pain of my and my transferee's disqualification from this and future events. I further acknowledge that my entry fee is non-refundable and non-transferable. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

**by parent or guardian if under 18 years old*

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____