



Bib #

Sunday, September 9, 2018

\$35

REGISTRATION INFORMATION

- Please print neatly and legibly to avoid your information entered incorrectly

First and Last Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Shirt Size (unisex, circle one): Small Medium Large XL XXL

Age on Race Day (9/9/18): _____ Gender: M F

Phone: _____ Email: _____

*if you do not provide your email, you will not receive important pre-race notifications prior to the event

Emergency Contact: _____ Emergency Contact # _____

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 Half 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.

Signature _____ Date _____

*by parent or guardian if under 18 years old

Checks payable to: East Shore YMCA Attn: Tom Gifford 701 North Front St Harrisburg, PA 17101