

Harrisburg Half Marathon Relay Registration Form

Sunday, September 8, 2019

INSTRUCTIONS

- 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
- Minimum relay age is 13 years old

Make checks payable to: East Shore YMCA

\$150

TEAM NAME: _____

TEAM CATEGORIES (check one)

All male

All female

Mixed

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

RELAY PARTICIPANT #1 - (team captain)

Name _____

Address _____ Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Age on Race Day (9/8/19) _____

Email _____

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

Bib #

RELAY PARTICIPANT #2 NAME:

Email _____

Age on Race Day (9/8/19) _____

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

Bib #

See next page for waiver, signatures needed

Harrisburg Half Marathon Relay Registration Form

Sunday, September 8, 2019

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, 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 _____



Presented by Donegal Insurance Group