

RACE DAY ENTRY FORM

Official race use only

Race (Check one): Half 2-Person Half Relay 4-Person Half Relay

BIB #: _____

FIRST NAME:

LAST NAME:

AGE (on race day): _____ DATE OF BIRTH / /

GENDER: CLUB OR TEAM:

ADDRESS:

CITY:

STATE: ZIP CODE: EMAIL:

PHONE: - -

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.

Participant's Signature: _____ Date _____

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

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