

## Group 'Running Water for the Living Water' Child Registration

**\*\*Please include this with Harrisburg Marathon Relay Registration Form\*\***

Included is the child registration to run the relay race **alongside** a parent/guardian. Also, a waiver and release is included, signed by the parent/guardian.

**TEAM NAME:** \_\_\_\_\_

**TEAM CAPTAIN NAME:** \_\_\_\_\_

### CHILD RELAY PARTICIPANT (Racing the first leg #1 with Parent/Guardian)

**RUNNING P/G NAME:** \_\_\_\_\_

**CHILD NAME** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address Line 2** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Age on Race Day (11/10/19)** \_\_\_\_\_ **Gender: M F**

**RUNNING P/G NAME:** \_\_\_\_\_

**CHILD NAME** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address Line 2** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Age on Race Day (11/10/19)** \_\_\_\_\_ **Gender: M F**

**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*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### MAILING ADDRESS:

Attn: Tom Gifford

East Shore YMCA

701 N. Front St Harrisburg, PA 17101

Or Scan/Email to [tom.gifford@ymcaharrisburg.org](mailto:tom.gifford@ymcaharrisburg.org)