

Harrisburg Marathon Relay Registration Form

Sunday, November 13, 2022

Team Running Water

INSTRUCTIONS

- Relay team registration forms must be received by Monday, November 7th by 5pm.
- 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

MAILING ADDRESS (and make checks payable to):

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

NO REFUNDS

COSTS

\$240

TEAM NAME: _____

TEAM CATEGORIES (check one)

Base Categories (combined age of 160 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 _____ D.O.B (mm/dd/yr) ____/____/____ Gender: M F

Email _____

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

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RELAY PARTICIPANT #2 NAME: _____

Email _____ D.O.B (mm/dd/yr) ____/____/____

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

RELAY PARTICIPANT #3 NAME: _____

Email _____ D.O.B (mm/dd/yr) ____/____/____

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

RELAY PARTICIPANT #4 NAME: _____

Email _____ D.O.B (mm/dd/yr) ____/____/____

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 2nd

Leg 1 _____

Leg 2 _____

Leg 3 _____

Leg 4 _____

YMC
HARRISBURG
MARATHON
26.2



See the following pages for waiver and signature pages

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PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE HARRISBURG AREA YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I/We acknowledge and agree that any use of The Harrisburg Area YMCA facilities, services, equipment and premises (Facilities) and any participation in The Harrisburg Area YMCA programs and activities (Programs) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I/We voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I/We agree that I/we have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I/we, the undersigned, agree that The Harrisburg Area YMCA, it's officers, directors, agents, employees, volunteers, sponsors, insurers and representatives (Releasees) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I/We understand that I/we will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I/We further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I/we and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I/we agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all

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injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. 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 a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director and/or the event medical team to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. In the event an event is cancelled, the refund policy options will be available to participants. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non-transferable.

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 release and waiver including the no refund policy.

Signature _____ **Date** _____

Signature _____ **Date** _____

Signature _____ **Date** _____

Signature _____ **Date** _____