

**Relay Team
Registration by Mail**

INSTRUCTIONS

Relay Team Registration Closes at 5:00 PM on **Saturday** November 13, 2010. To ensure that your registration arrives within the deadline, mail it early and take advantage of discount rates.

1. Each team must assemble and submit **all** parts of its registration in one (1) packet; no separate pieces of mail will be accepted.
2. Complete all information on Registration Form Pages 1 and 2 including **all four (4)** runners' names, birth dates, ages on race day, sex, and shirt size.
3. Have **all four (4)** runners sign the Waivers & Releases. Team Captain should sign the waiver at the bottom of Registration Form Page 2. Other runners can sign the waivers on the same copy of Page 3 (Relay Team Waiver Page) or they may print individual copies of Waiver Page 3 and each may sign his/her own copy of Waiver Page 3. Two runners may sign the same copy of Waiver Page 3 and the third runner can sign a separate copy. Any or all of the above are acceptable, but **ALL** waivers must be submitted together, with the Team Registration. **No** individual waivers or individual registrations will be accepted in the mail.
4. Write check or money order, payable to **East Shore YMCA**, and submit with your Team Registration. Sorry, YMCA is unable to accept Credit Card information for mail-in registrations. Credit Cards are accepted by Active.com.
5. Use check-off list below to assemble all parts of your Team Registration packet.

Thank You for your cooperation! Good Luck in the relay and HAVE FUN RUNNING!

Check –off List:

- Completed Pages 1 & 2 with the names and information for all 4 runners.
- Signed Waivers and Releases for all 4 runners.
- Check or Money Order payable to East Shore YMCA.

Mailing Address (and make checks payable to):

East Shore YMCA
701 N. Front St
Harrisburg, PA 17101
Attn: Chad Krebs

**Relay Team Registration Form
Harrisburg Select Medical Marathon & Relay 2010**

One Form Per Team. No Refunds.

Contact / Team Captain Last Name: _____

First Name, Middle Initial: _____ **Team Name:** _____

Street Address: _____

City, State, Zip Code: _____ **Phone:** _____ - _____ - _____

E-Mail Address: _____

Date of Birth: _____ - _____ - _____ (mm-dd-yyyy) **Age on Race Day:** _____

Shirt Size for Team Captain: XS S M L XL *Shirts for Runners Only*

Team Category: Men's Women's Mixed *Master's* Women Men Mixed
Senior's Women Men

If Contact listed above is **not** a member of the Relay Team, please complete information below for **4** runners. If Team Captain is listed above, complete the information below for only **3** runners (no need to duplicate information). Numbers below do **not** restrict runners to specific legs of the relay.

Team Members:

1 Last Name: _____ **First Name, Middle Initial:** _____

Date of Birth: _____ - _____ - _____ (mm-dd-yyyy) **Age on Race Day:** _____

Sex: Female Male **Shirt Size:** XS S M L XL

Optional - Phone: _____ - _____ - _____ E-Mail Address: _____

2 Last Name: _____ **First Name, Middle Initial:** _____

Date of Birth: _____ - _____ - _____ (mm-dd-yyyy) **Age on Race Day:** _____

Sex: Female Male **Shirt Size:** XS S M L XL

Optional - Phone: _____ - _____ - _____ E-Mail Address: _____

3 Last Name: _____ **First Name, Middle Initial:** _____

Date of Birth: _____ - _____ - _____ (mm-dd-yyyy) **Age on Race Day:** _____

Sex: Female Male **Shirt Size:** XS S M L XL

Optional - Phone: _____ - _____ - _____ E-Mail Address: _____

Relay Team Registration Continued

4 Last Name: _____ First Name, Middle Initial: _____

Date of Birth: _____ - _____ - _____ (mm-dd-yyyy numerals only) Age on Race Day: _____

Sex: Female Male Shirt Size: XS S M L XL

Optional - Phone: _____ - _____ - _____ E-Mail Address: _____

Registration Fee: Relay Team Registration Closes On **Saturday** November 13, 2010

Received by October 1 -- \$140.00 Received October 2 thru November 7 -- \$160.00

Received November 8 thru November 13 -- \$180.00

Pasta Dinner: Saturday, November 13th - Runners and Non-Runners Welcome
Sign Up for All Interested Team Members & Guests

Age 13 & over - \$18.00 (#) _____ \$ _____ Entry Fee From Above \$ _____

Age 6 – 12 \$10.00(#) _____ \$ _____

Age 5 & Under FREE ! (#) _____

Pasta Dinner Total (#) _____ \$ _____ Total Amount Enclosed \$ _____

Waiver & Release

In consideration of your accepting this entry, I hereby intend to be legally bound for myself, my relay team, 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 disqualification from this and future events. I further acknowledge that my entry fee is non-refundable and non-transferable. **I acknowledge that I am responsible for a replacement fee of \$25 if I fail to return the issued timing chip after the race or within 5 days.** I also understand that my timing chip must be worn on my ankle to qualify my team for an award.

Signature: _____ Date: _____

Print & Mail Completed Form & Check To:

East Shore YMCA
701 N. Front St
Harrisburg, PA 17101
Attn: Chad Krebs

Waiver & Release - 2

In consideration of your accepting this entry, I hereby intend to be legally bound for myself, my relay team, 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 disqualification from this and future events. I further acknowledge that my entry fee is non-refundable and non-transferable. **I acknowledge that I am responsible for a replacement fee of \$25 if I fail to return the issued timing chip after the race or within 5 days.** I also understand that my timing chip must be worn on my ankle to qualify my team for an award.

Signature: _____ Date: _____

Waiver & Release - 3

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Signature: _____ Date: _____

Waiver & Release - 4

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Signature: _____ Date: _____