

Run for Remembrance 9/11 Relay Team Registration

Please use additional forms as needed to add all 9 relay team members.

Team Name: _____ **Team Captain:** _____

FIRST NAME _____ LAST NAME _____ AGE ON 9-10-11 _____ DOB _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____ SEX M F
 T-SHIRT: MEN: S M L XL XXL WOMEN: S M L XL



WAIVER STATEMENT: I, the person submitting this entry (and my child, if I'm signing as parent or guardian) agree to abide by the rules and decisions of any event officials, and assume all risks associated with the event and any associated event or activities, including but not limited to falls, contact with other participants, effects of the weather, traffic, road conditions, all such risks being known and appreciated. I (and my child, if I'm signing as parent or guardian) and anyone entitled to act on my (our behalf(s), assume all risks associated with participation, and waive any and all claims, and fully release the Run for Remembrance 9/11 Relay and Ultramarathon organizers, employees and all race day volunteers, event promoters, sponsors, their representatives, and successors, from all claims, damages, or liability of any kind arising from my (or my child's) participation in this event. I grant full permission to any and all of the foregoing to use my (and my child's) name or photographs, videos, and other recordings of participation in this event, without obligation or liability to me (and my child). I also understand that entry fees are not refundable. I have read this agreement carefully, and understand it, and certify my agreement by my signature below.

SIGNATURE _____ DATE _____ PARENT SIGNATURE & DATE _____ (IF UNDER 18)

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