

# HealthWorks Team Relay Team Entry Form – October 5, 2008

Team Name: \_\_\_\_\_ Team Category: (circle one) **All Male** **All Female** **Mixed**  
 (Must be included and limited to 24 characters)

(circle one) **Open** **Master** (All runners must be 40 or over)  
**Veterans** (All runners must be 50 or over)

1. Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F  
 Birthdate (MM/DD/YY) \_\_\_\_\_ Race Day Age \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Shirt Size (Please circle one) S M L XL XXL  
 Medical Problems Officials Should Know About \_\_\_\_\_

2. Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F  
 Birthdate (MM/DD/YY) \_\_\_\_\_ Race Day Age \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Shirt Size (Please circle one) S M L XL XXL  
 Medical Problems Officials Should Know About \_\_\_\_\_

3. Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F  
 Birthdate (MM/DD/YY) \_\_\_\_\_ Race Day Age \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Shirt Size (Please circle one) S M L XL XXL  
 Medical Problems Officials Should Know About \_\_\_\_\_

\_\_\_\_\_  
*I have read and agree to the waiver below.*  
 Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signed: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*I have read and agree to the waiver below.*  
 Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signed: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*I have read and agree to the waiver below.*  
 Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signed: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

**Waiver**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event, including, but not limited to, falls, contact with other participants, effects of weather, including high heat or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Wineglass Marathon & 3 person Team Relay and its race officials, the Wineglass Running Club, the municipalities through which the race is run, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that any entry fees are non-refundable. I understand that this is a road race conducted under the rules of RRCA and USATF. I understand that the race takes place on public highways that are not closed to traffic, and due to insurance regulations individuals with headphone, baby strollers, dogs on leashes, bicycles, skates, skateboards or roller blades are not permitted.



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## HealthWorks Team Relay Team Fees/Payment (page 2)

**Team Name:** \_\_\_\_\_

(Must be included and limited to 24 characters)

### Relay Team Payment Info

Individual Relay Team Member Entry Fee:

\$30.00 Received by 9/15/08

\$40.00 9/16/07 to 9/30/08

\$60.00 after 9/30/08, at Expo or Race Day

Team Fee: \$ \_\_\_\_\_ \$90/\$120/\$180

Save \$5.00 each by registering online at WineglassMarathon.com

Total Enclosed \$ \_\_\_\_\_

Payment Method: (Circle One)

Check

Money Order

**All Fees are in US \$.**

Please complete the entire form, Sign by each member of the team and return with payment to:

Wineglass Marathon

P.O. Box 117

Corning, NY 14830

