



Make checks payable to: Crossover Athletics
PO Box 2515, Lexington, SC 29071
Check website for current prices

Participant First Name

Participant Last Name

Address

City

State

Zip Code

Phone Number

School Name

Birthdate (mm/dd/yyyy)

Grade

Allergies

T-Shirt Size

☐ Youth Medium

☐ Adult Medium

☐ Youth Large

☐ Adult Large

☐ Adult Small

☐ Adult X-Large

☐ Adult XX-Large

Gender

☐ Male ☐ Female

Guardian Info

Guardian Name

Guardian Phone Number

Guardian Email Address

Name of person who will pick up child

Liability Waiver

For purposes of this Liability Waiver and Consent Form, the term "Participant" shall mean me (as either a participant in the event or a parent or legal guardian of each minor child list below, or both, as applicable) and each minor child listed below (if any). In consideration of my application being accepted, I accept any risks of participation in the run and agree to hold harmless Crossover Athletics, Run Hard after school running program, and all sponsors, all officers, directors and members of said organizations, their respective employees, agents and any other individuals who are in any way associated with this event, including volunteers. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I also give my permission for the free use of my name and picture in any written account, broadcast, or telecast of this event for any legitimate purpose. I understand that if the race is canceled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to hazardous weather condition or government ban, my entry fee will not be refunded. I understand that participants must meet minimum age/grade requirement (if specified) by the time he/she attends event. If this registration is for a child under the age of 18, I affirm that I am a parent or legal guardian of such minor child.

Signature (Participant or Guardian)

Date