

PINE LINE MARATHON. HALF. RELAY. 5K. REGISTRATION FORM

Check out the website for details: <http://pinelinemarathon.weebly.com/>

First. Flat. Fast!

April 24, 2021

Name:

Address:

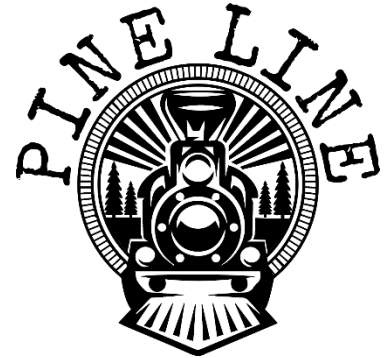
Phone Number:

Birthdate:

Email Address:

Circle One: Male or Female

Emergency Contact Name & Number:



I plan to run: In Person Virtual

I will be running the: 5K Half- Marathon Marathon Marathon Relay (Each member must complete a registration form, pay the fee an include the name of their team: _____ and team captain _____)

Choose one shirt style and size. Images of the Quarter-Zip are available on the website.

Style: <input type="checkbox"/> JerZee hooded sweatshirt <input type="checkbox"/> Quarter-Zip long sleeve running shirt <input type="radio"/> Male <input type="radio"/> Female	Size: <input type="checkbox"/> Sm <input type="checkbox"/> Md <input type="checkbox"/> Lg <input type="checkbox"/> XL
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2020 REGISTRATION PRICES

Marathon	Half-Marathon	Marathon Relay	5K
Before 2/29 = \$60	Before 2/29 = \$50	Before 2/29 = \$35/person	Before 2/29 = \$30
Starting 3/1 = \$70	Starting 3/1 = \$60	Starting 3/1 = \$45/person	Starting 3/1 = \$35

Waiver: I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Pine Line Marathon and the city of Medford, WI, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature:

Date:

Parent's Signature if under 18 years:

Date:

Make Checks Payable to: Medford Chamber