ARMED FORCES DAY
MAY 20, 2017
CORPUS CHRISTI, TEXAS

First Name

Last Name

Date of Birth

Address

Age

City

State

Zip Code

Telephone

Email Address

Please Check Division

	Men's Open
	Women's Open
	Men's Masters 40+
	Women's Masters 40+
	Senior Master's Men 50+
	Senior Master's Women 50+

Race Day Emergency Contact

_____

Name

_____

Telephone Number

A wrist band with this information will be provided for you to wear!

T-Shirt Selection (1) Each Entry

	Small
	Medium
	Large
	X-Large

Every Participant Must Sign This Waiver

WAIVER STATEMENT - ENTRY IS INVALID IF ANY TEAM MEMBERS AND/OR PARENT OR GUARDIAN, IF NECESSARY, HAVE NOT SIGNED BELOW. 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 also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. As a signer of this entry blank being fully aware of these facts and in consideration of your accepting my entry, I hereby, for myself, my heirs executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge the CORPUS CHRISTI ROADRUNNERS, INC.; THE CITY OF CORPUS CHRISTI; the LOCAL & COUNTY LAW ENFORCEMENT AGENCIES; ANDREWS DISTRIBUTING COMPANY/MILLER LITE; HEB; CORPUS CHRISTI;MDR;CCRV;PAPA JOHN'S IAAP; ROADRUNNERS CLUB OF AMERICA; REGIONAL TRANSPORTATION AUTHORITY; Oiltanking; US NAVY; VALERO; HERRMAN AND HERRMAN LAW FIRM; PEPSI EVEREST; SKID-O-KAN; CITGO REFINERY; II Gemini AMBULANCE and any Emergency Medical Services, Race Officials, Volunteers, and any and all sponsors, including their agents, employees, assigns or anyone for or on their behalf, from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever, arising out of, or in the course of, my participation in this event. This Release of Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further grant full permission to the CORPUS CHRISTI ROADRUNNERS, INC. and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, or other record of this event for any purpose. Applications for minors will be accepted ONLY with a parent's or guardian's signature. I further understand that my entry fee is NON-REFUNDABLE, even if the race is canceled. NOTE: Must have NAME, AGE and SIGNATURE of all runners or application will be considered incomplete.

x_____

Number of Previous Marathons/4 is required

_____

Please List the Last Four (4)

1	
2	
3	
4	

Please mail your entry and fee to Beach to Bay Relay/Corpus Christi Roadrunners Inc/ P.O. Box 8750/ Corpus Christi, Texas/ 78468 No entry will be accepted after May 1, 2017. NO REFUNDS/ NO EXCEPTIONS Entry Fee _____ $130.00 (prior to 4/7/2016) Late Fee_____ $165.00 (if postmarked after 4/7/2017)

ONLY MONEY ORDERS OR CASHIERS CHECKS WILL BE ACCEPTED AFTER APRIL 7TH!