



Team Registration Form Note: Must have a minimum of 4 per team.

The cost per runner for team members over age 10 is \$20 each until 9/21/2017. After 9/21, \$30 each.

Team Name _____

How many on your team? _____ Amount Paid \$ _____

Runner #1/Team Contact _____

Last Name, First Name

Gender ___ Female ___ Male ___ Transgender

Birthdate _____ Under 10? ___ Yes ___ No

Email Address _____ Day Phone: () _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Would you like your run to be timed? ___ Yes ___ No

Waiver (must be signed to participate)

In consideration of acceptance of this entry, I hereby for myself, my heirs, executor and administrators, assume all risk of injury, harm or damage to myself or others arising from my participation in this event, and agree to hold harmless any sponsors, volunteers, Community Youth Services, City of Olympia, Port of Olympia, Guerilla Running and any person or organization associated with this event, against any liability, actions, claims and damages of any kind whatsoever. My signature verifies that I am physically fit and have sufficiently trained for the event and have full knowledge to all the foregoing to use any photographs. Motion pictures, recording or any other record of this event for any legitimate purpose. If I am under 18 years of age, my parent/guardian must co-sign.

Signature: _____ Date _____

****NO REFUNDS ON RACE ENTRIES****

Runner #2 _____

Last Name, First Name

Gender ___ Female ___ Male ___ Transgender

Birthdate _____ Under 10? ___ Yes ___ No

Email Address _____ Day Phone: () _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Would you like your run to be timed? ___ Yes ___ No

Waiver (must be signed to participate)

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Signature: _____ Date _____

****NO REFUNDS ON RACE ENTRIES****

Team Name _____

Runner #3 _____

Last Name, First Name

Gender Female Male Transgender

Birthdate _____ Under 10? Yes No

Email Address _____ Day Phone: () _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Would you like your run to be timed? Yes No

Waiver (must be signed to participate)

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Signature: _____ Date _____

****NO REFUNDS ON RACE ENTRIES****

Runner #4 _____

Last Name, First Name

Gender Female Male Transgender

Birthdate _____ Under 10? Yes No

Email Address _____ Day Phone: () _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Would you like your run to be timed? Yes No

Waiver (must be signed to participate)

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Signature: _____ Date _____

****NO REFUNDS ON RACE ENTRIES****

Page _____ Team Name _____

Runner # _____
Last Name, First Name

Gender Female Male Transgender

Birthdate _____ Under 10? Yes No

Email Address _____ Day Phone: () _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Would you like your run to be timed? Yes No

Waiver (must be signed to participate)

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Signature: _____ Date _____

****NO REFUNDS ON RACE ENTRIES****

Runner # _____
Last Name, First Name

Gender Female Male Transgender

Birthdate _____ Under 10? Yes No

Email Address _____ Day Phone: () _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Would you like your run to be timed? Yes No

Waiver (must be signed to participate)

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Signature: _____ Date _____

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