

# Relay Entry Form - BMO April Fool's Run 2019



Official use  
Bib #

Please PRINT CLEARLY

Category:  2-Person or  4-Person >>  Men/Mixed or  Women

Est. Time:  <1:30  1:30-1:59  2:00-2:29  2:30-3:00

RELAY TEAM NAME (be creative!) \_\_\_\_\_

### CAPTAIN / CONTACT PERSON:

FIRST Name \_\_\_\_\_

LAST Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Sex:  Male  Female Age on April 7, 2019 \_\_\_\_\_

BC Athletics: # \_\_\_\_\_

Medical conditions \_\_\_\_\_

Medications taken \_\_\_\_\_

### RUNNER #2:

FIRST Name \_\_\_\_\_

LAST Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Sex:  Male  Female Age on April 7, 2019 \_\_\_\_\_

BC Athletics: # \_\_\_\_\_

Medical conditions \_\_\_\_\_

Medications taken \_\_\_\_\_

### Fees PER PERSON

by Feb 17 by Apr 3 Walk-Up

\$23 ea.  \$33 ea.  \$35 ea.

Multiply by 2 or 4 as appropriate = \$ \_\_\_\_\_

BC Athletics competitive members deduct \$3 ea ...\$ - \_\_\_\_\_

Short sleeve T-shirt \$18 ea x \_\_\_\_\_ \$ + \_\_\_\_\_

Women's \_\_\_XS \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

Men's \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

Team Finisher Medal Tab(s) \$7.50 ea x \_\_\_\_\_ \$ + \_\_\_\_\_

TOTAL \$

Cheque or money order payable to: **April Fool's Run**  
Mail to: 7838 Redrooffs Road, Halfmoon Bay, BC V0N 1Y1  
(Credit cards accepted ONLY for online registration)

### RUNNER #3 (for 4-person relay):

FIRST Name \_\_\_\_\_

LAST Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Sex:  Male  Female Age on April 7, 2019 \_\_\_\_\_

BC Athletics: # \_\_\_\_\_

Medical conditions \_\_\_\_\_

Medications taken \_\_\_\_\_

### RUNNER #4 (for 4-person relay):

FIRST Name \_\_\_\_\_

LAST Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Sex:  Male  Female Age on April 7, 2019 \_\_\_\_\_

BC Athletics: # \_\_\_\_\_

Medical conditions \_\_\_\_\_

Medications taken \_\_\_\_\_

### Waiver (must be signed by each entrant)

In consideration of you permitting me to participate in this event, I hereby, for myself, executors, administrators and personal representatives, release the organizers of this event, their agents, B.C. Athletics, volunteers and the event sponsors from all liability, and I waive, as against the organizers, agents, B.C. Athletics, volunteers and event sponsors, all claims of any kind whatsoever I may have for personal injuries or property losses suffered by participation in this event. I certify that I have full knowledge of the risks involved in this event and I am physically fit and able to participate, and that unless indicated to the contrary by the signature of parent/guardian below, I am 19 years or older.

\_\_\_\_\_  
**#1: Signature (parent/guardian if under 19)** **Date**

\_\_\_\_\_  
**#2: Signature (parent/guardian if under 19)** **Date**

\_\_\_\_\_  
**#3: Signature (parent/guardian if under 19)** **Date**

\_\_\_\_\_  
**#4: Signature (parent/guardian if under 19)** **Date**