

Relay Entry Form - BMO April Fool's Run 2020

Please PRINT CLEARLY



**FOR IN-PERSON
REGISTRATION ONLY,
APR 2, 4 & 5. DO NOT MAIL.**

Official use
Bib #

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 5, 2020 _____

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 5, 2020 _____

BC Athletics: # _____

Medical conditions _____

Medications taken _____

RUNNER #3 (for 4-person relay):

FIRST Name _____

LAST Name _____

Address _____

City _____ Prov/State _____

Postal Code _____ Phone _____

Email _____

Sex: Male Female Age on April 5, 2020 _____

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 5, 2020 _____

BC Athletics: # _____

Medical conditions _____

Medications taken _____

Fees: \$35 per person by Apr 4, \$40 on Apr 5

2-person team: \$70 by Apr 4, \$80 Apr 5 \$ _____

4-person team: \$140 by Apr 4, \$160 Apr 5

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

Short sleeve T-shirt \$20 ea x\$ + _____

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

TOTAL \$

Cheque or money order payable to: **April Fool's Run**
Cash, cheque or money order on race day

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**