

# Tell City

## HALF MARATHON

### 5K Registration

**EVERBODY'S**  
**FITNESS**  
OFFICIAL ENTRY FORM

Team Registration

April 10, 2021

NO REFUNDS

FIRST NAME

LAST NAME

GENDER

M  F

AGE ON 4/10/21 \_\_\_\_\_

BIRTHDAY

MO  DAY  YEAR

Gender Specific Sport Tech Shirt - SIZE:

Specify shirt style: Mens

Ladies

Youth: YXS  YS  YM  YL

Adult:

S

M

L

XL

2XL\*

3XL\*

4XL\*

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL (Email required to get pre-race updates)

DAYTIME PHONE

 -  - 

CELL/HOME PHONE

 -  - 

RACE DAY EMERGENCY CONTACT

FIRST & LAST NAME

Referred by:

EMERGENCY CONTACT PHONE NUMBER

 -  - 

Mail entries to: EverBody's Fun & Fitness  
710 Fulton Street  
Tell City, IN 47586

Make checks payable to: EverBody's

**Nov 27 - Dec 31, 2020**

5k  \$ 30  
Half marathon  \$ 60  
Team Half Relay (2-4 per team)  \$ 120

Fill out back page for team members

**I plan to run the race:**

In-person on 4/10/21   
Virtually on 4/10/21

**\*Large shirt additional fee:**  \$3/shirt

Date/Amount Paid \_\_\_\_\_

Method: \_\_\_\_\_ Staff: \_\_\_\_\_

#### WAIVER & RELEASE FORM LIABILITY

Warning: Participation in the EverBody's Tell City Half and 5K Fun Run can be a serious threat to the health of individuals who are not in excellent physical condition. In consideration of you receiving my application, I, intending to be legally bound, do hereby for myself and my heirs, do release forever EverBody's Fun & Fitness Center from any injuries suffered in the EverBody's Tell City Half or the 5K Run/Walk on April 10, 2021. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotapes for publicity and advertising purposes without compensation.

X

PARTICIPANT SIGNATURE

DATE

X

PARENT SIGNATURE (IF RUNNER IS UNDER 18)

DATE

(registration must be received on or before April 1st to receive a shirt on race day.)

**Team Members:**

First Name  LAST NAME

GENDER  
M  F  AGE ON 4/10/21  BIRTHDAY MO  DAY  YEAR

Gender Specific Sport Tech Shirt - SIZE: Specify shirt style: Mens  Ladies   
Youth: YXS  YS  YM  YL  Adult:

STREET ADDRESS

CITY  STATE  ZIP CODE

EMAIL (Email required to get pre-race updates)  Phone No.

**RACE DAY EMERGENCY CONTACT** Signature: \_\_\_\_\_  
FIRST & LAST NAME  EMERGENCY CONTACT PHONE NUMBER  -  -

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