



Team Relay Registration



OFFICIAL ENTRY FORM

NO REFUNDS

April 6, 2019

TEAM NAME: **2-4 people per team**

FIRST NAME (Team Captain) LAST NAME (See reverse side for other team members)

GENDER M F AGE ON 4/06/19 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

	check one	
Half Relay Team	<input type="checkbox"/>	\$200
10/4/18 - 11/24/18	<input type="checkbox"/>	\$210
11/24/18 - 12/31/18	<input type="checkbox"/>	\$240
1/1/19 - 2/28/19	<input type="checkbox"/>	\$280
3/1/19 - 3/31/19	<input type="checkbox"/>	\$320
4/1/19 - race	<input type="checkbox"/>	
All Male Team	<input type="checkbox"/>	
All Female Team	<input type="checkbox"/>	
Coed Team	<input type="checkbox"/>	
*Large shirt additional fee:	<input type="checkbox"/>	\$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 6, 2019. 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

(registrations must be received by March 26, 2019 to be guaranteed a shirt on race day)

Team Members:

First Name LAST NAME

GENDER
M F AGE ON 4/06/19 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 - -

First Name LAST NAME

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M F AGE ON 4/06/19 BIRTHDAY MO DAY YEAR

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