



OFFICIAL ENTRY FORM

Little River Canyon Center
Half Marathon
Saturday, October 5, 2019

Online registration is also available through www.active.com

*One person per entry form, this form may be duplicated. Mail in entry deadline is 9/20/2019. ***NO REFUNDS OR TRANSFERS****

First Name: _____ Last Name: _____

Gender: M or F Age on 10/01/2019 (MM/DD/YYYY): _____ DOB: _____

T Shirt Size: Small Med Large X-Large

Street Address: _____

City / State / Zip: _____

Email: _____ Phone: _____

Race Day Emergency Contact Name: _____

Race Day Emergency Contact Cell Phone: _____

Half Marathon Entry Fee (postmarked by 9/20/19): \$50

Entry Fee the day of the race (October 5th, 2019): \$70

Make checks payable to JSU Little River Canyon Center Half Marathon

MAIL ENTRIES TO:

JSU EPIC

JSU McClellan Center

100 Gamecock Drive Anniston, AL 36205

Waiver and Release from Liability

I UNDERSTAND THAT PARTICIPATION IN THIS EVENT IS POTENTIALLY HAZARDOUS, AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. I UNDERSTAND THAT EVENTS MAY BE HELD OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THIS EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY RANGING FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH. I UNDERSTAND AND AGREE THAT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS EVENT, I AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE ACTIVE FOR ANY AND ALL LIABILITY FROM ANY AND ALL CLAIMS ARISING FROM PARTICIPATION IN THE EVENT BY I OR ANY REGISTERED PARTY.

Signature of Participant _____ Date

Signature of Parent (participant is under 18 years of age) _____ Date