

North Olympic Discovery Marathon

from Sequim to Port Angeles, WA

Relay Competition Entry

To register: Send this completed form with each team member form and payment payable to "PAMA" to: Marathon Registration, P.O. Box 431, Port Angeles, WA 98362. Registration will not be processed unless all forms are mailed together.

TEAM FORM (to be completed by team captain):

Contact Last Name: _____ First Name: _____

circle one: **corporate relay** **high school relay**

Company/High School Name: _____

Team Name: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (for updates only): _____

Team Members (please print first and last names of team members):

1. _____ 2. _____

3. _____ 4. _____

5. _____

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To register: Each team member needs to print and complete this form. Give completed form to team captain with payment payable to "PAMA" (if applicable). Team captain will send all team forms together.

MEMBER FORM (print for each team member to complete):

Last Name: _____ First Name: _____

Gender (please circle): **Male** **Female**

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (for updates only): _____

Date of Birth (mm/dd/yyyy): _____ Age on race day: _____

Garment Size (please circle one): **XS** **S** **M** **L** **XL** **XXL**

Team Name: _____

Read this and then sign and date form below: Waiver: I understand that walking or running in a road race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely compete. I assume all risks associated with participating in the event, including but not limited to falls, contact with other participants, the effects of weather, traffic and the condition of the road/trail, all such risks being known and appreciated by me. Having read the waiver and knowing these facts and in consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Port Angeles Marathon Association, the City of Port Angeles, the City of Sequim and Clallam County, all sponsors, contractors, vendors, volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of the negligence or carelessness on the part of persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of the event for any legitimate purpose. I also understand that my entry fee is nonrefundable. A parent must sign if an entrant is under 18 years of age. This is to certify that my child had permission to compete in the event, is in good physical condition, and the event officials may authorize necessary medical treatment. I understand that bicycles, skateboards, baby joggers or strollers, roller skates or blades, animals and headsets are not allowed in the race due to the width and nature of the trail, and I will abide by this guideline.

Signature

Date

(If under 18, signature of parent/guardian required)

Date