



**MARATHON
MARATHON RELAY
HALF MARATHON 10K 5K
REGISTRATION FORM
August 10, 2019**

NAME/CAPTAIN _____

TEAM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

DATE of BIRTH _____ AGE on RACE DAY _____ SEX M F

T-Shirt Size S M L XL 2XL

Shirts cannot be guaranteed if registration or postmark date is later than July 20, 2019.

Mail-in entries must be postmarked by July 31, 2019.

Event day registration: \$5 surcharge applies.

EARLY BIRD REGISTRATION THROUGH January 31, 2019!

Event Registration Fees – Please circle option.

Marathon –

- **EARLY BIRD** **\$70**
- January 1 through July 21 80
- July 22 through August 9 85

Marathon Relay (3-5 individuals) ***** teams must register by August 4th to allow for ordering of special relay team timing chip*****

- **EARLY BIRD** **\$205**
- January 1 through July 21 215
- July 22 through August 9 240

Half Marathon –

- **EARLY BIRD** **\$50**
- January 1 through July 21 60
- July 22 through August 9 65

10K Run/Walk –

- **EARLY BIRD** **\$30**
- January 1 through July 21 40
- July 22 through August 9 45

5K Run/Walk –

- **EARLY BIRD** **\$20**
- January 1 through July 21 30
- July 22 through August 9 35



TEAM MEMBERS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

DATE of BIRTH _____ AGE on RACE DAY _____ SEX M F

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

DATE of BIRTH _____ AGE on RACE DAY _____ SEX M F

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

DATE of BIRTH _____ AGE on RACE DAY _____ SEX M F

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

DATE of BIRTH _____ AGE on RACE DAY _____ SEX M F

All team members must fill out and sign a waiver and release form to be eligible to participate.



Please make checks payable to ***Parents of CHS***. ***Specify Class of 2020 on memo line.***

Participants must read and sign Waiver and Release on reverse side of registration form. Mail completed application, signed waiver and remittance to:

Parents of CHS-CLASS OF 2020
% Race The Reserve
PO Box 1227
COUPEVILLE, WA 98239

Pick up packets on the **day before** the race from 3:00PM to 6:00PM at Coupeville Middle School, 501 S. Main St., Coupeville, WA 98239

Pick up packets on the **day of** the race from 5:30AM to 7:30AM, at Coupeville Middle School, 501 S. Main St., Coupeville, WA 98239

START TIMES

Marathon & Marathon Relay	7:00AM early start 6:00AM
Half Marathon	7:30AM
5k & 10k	8:00AM



RACE THE RESERVE WHIDBEY ISLAND 2019
MARATHON - MARATHON RELAY - HALF MARATHON - 10K - 5K

WAIVER AND RELEASE

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

WAIVER: I know that running or walking a road race, regardless of distance, is a potentially hazardous activity. I should not enter, participate, walk or run 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 complete the run/walk and I further agree that race officials may authorize necessary emergency treatment for me. I understand that police protection will not be provided. I assume all risks associated with running/walking this event, including, but not limited to, illness, travel to and from the event, tripping and falling, contact with other participants, spectators or objects on or near the course path, the effects of weather, including temperature and humidity, vehicle and pedestrian traffic and the surface conditions of the roads and unpaved trails, all such risks being known and appreciated by me.

Having read this 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 Race the Reserve Whidbey Island 2019, Parents of CHS – Class of 2020, CHS Parents, Coupeville School District #204, BuDu Racing, USATF, the Town of Coupeville, Island County, race officials, all sponsors, contractors and 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 negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my e-mail address, post my name and race results, use any photographs, motion pictures, recordings, or any other record of this event, for any legitimate purpose. I understand that my entry fee is non-refundable. A parent must sign if entrant is under 18 years of age. This is to certify that my child has permission to compete in the event and is in good physical condition and I agree that event officials may authorize necessary medical treatment. I understand that bicycles, skateboards, roller skates or blades, and animals are not allowed in the race and I will abide by these guidelines.

I understand and agree to the waiver and release.

Name: _____

Signature _____

Parent/Guardian Signature (if under 18) _____

Happy Running!!!