

# 5<sup>th</sup> Annual Never Forget Memorial Relay

## April 28, 2019



**Entry Form:** Please print all information neatly. All members must read the waiver and sign below in order to participate. Entry form and fees due no later than **April 7, 2019**.

Team Name: \_\_\_\_\_ Bib # \_\_\_\_\_

Team Captain: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Signature: \_\_\_\_\_ Male ( ) Female ( )

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Runner #2: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Signature: \_\_\_\_\_ Male ( ) Female ( )

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Runner #3: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Signature: \_\_\_\_\_ Male ( ) Female ( )

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Runner #4: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Signature: \_\_\_\_\_ Male ( ) Female ( )

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Division:**

- ( ) Fire
- ( ) Law Enforcement/Corrections/ Probation
- ( ) Dispatch/DA/EMT/Courts

**Category:**

- ( ) Running Team
- ( ) Walking Team

**Entry Fee:** \$200 (\$50/member)

**Race Day Fee:** \$220 (\$55/member)

Includes Entry Fee/4 Shirts/4 Drink tickets

Check/Cash/Money Order Accepted

Make check or money order out to:

**FOF/Never Forget Relay.** NO REFUNDS, NO EXCEPTIONS.

**Rules:** Team members may consist of agency personnel, support staff, retirees and/or family members and family friends. All 4 team members must be present at start time and remain until relay is complete.

**Running Teams:** Each team member will run 2 out and back 5K legs.

**Walking Teams:** Each team member will walk 1 out and back 5K leg

**Waiver Statement - ENTRY IS INVALID IF ANY TEAM MEMBERS HAVE NOT SIGNED ABOVE:** I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although there will be traffic control provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all risks associated with running this

event including but not limited to falls, contact with other participants, the effects of weather, including the conditions of the roads, all such risks being known and appreciated by me. As a signer of this entry form being fully aware of the facts and in consideration of your accepting my entry, I hereby, for myself, my heirs executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Fallen Officer Foundation, Santa Cruz Track Club and the board members of Never Forget First Responder Memorial Relay, Santa Cruz County Parks, California State Parks and any Emergency Medical Services, Race Officials and Volunteers, any and all sponsors including their agents, employees, assigns or anyone for or on their behalf from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever, arising out of or in the course of my participation in this event. The Release of Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further grant full permission to the board of Never Forget First Responder Memorial Relay and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or their record of this event for any purpose. I further understand that my entry fee is NON-REFUNDABLE, even if the race is canceled.

**NOTE: This form must have name and signature of all runners or entry form will be considered incomplete.**

## 5<sup>th</sup> Annual Never Forget Memorial Relay

### April 28, 2019

