

45th Annual Beach to Bay Relay Marathon

(Printed Application) For the "Armed Forces Day" Beach to Bay Relay Marathon- Please neatly and completely. Please print all your team.

| | |
|---|--|
| Team Captain Name (must be one of six runners or Coach) | (_____) _____ Home telephone with area code |
| Home Address | (_____) _____ Cellular Phone with area code |
| City, State and Zip Code | |
| Email Address | Previous Beach to Bay (s) How Many? |

My team will compete in the following division: Final decision on qualification for division(s) rests with the Corpus Christi Roadrunners Inc. Note: Runners may compete on only one team and may run only one leg for the team

| | | |
|-----------------------------------|-----------------------------|-----------------------------|
| Junior Women (ages 14-20) | Masters 3 men 3 Women (40+) | Elementary Female (only) |
| Junior Men (ages 14-20) | Senior 3 men 3 women 50+ | Elementary Male (only) |
| 3 Men 3 Women Junior (ages 14-20) | Senior Master Women (50+) | Elementary Odd & Ends |
| Open Women | Senior Master Men (50+) | Middle School Female (only) |
| Open Men | Ultra Senior Men (60+) | Middle School Male (only) |
| Master Women (40+) | Ultra Senior Women (60+) | Middle School Odd & Ends |
| Master Men (40+) | Ultra 3 Men 3 Women (60+) | 3 /men 3 women |
| Military/Law/Fire | Odds and Ends | Commercial |

Team Name _____

WAIVER STATEMENT - ENTRY IS INVALID IF ANY TEAM MEMBERS AND/OR PARENT OR GUARDIAN, IF NECESSARY, HAVE NOT SIGNED BELOW. 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 police protection will be provided, there will be traffic on the course route. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. As a signer of this entry blank being fully aware of these 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 CORPUS CHRISTI ROADRUNNERS, INC.; THE CITY OF CORPUS CHRISTI; the LOCAL & COUNTY LAW ENFORCEMENT AGENCIES; ANDREWS DISTRIBUTING COMPANY/MILLER LITE; HEB; CORPUS CHRISTI;MDR;CCRV;PAPA JOHN'S IAAP; ROADRUNNERS CLUB OF AMERICA; REGIONAL TRANSPORTATION AUTHORITY; Oiltanking; US NAVY; VALERO; HERRMAN AND HERRMAN LAW FIRM; PEPSI EVEREST; SKID-O-KAN; CITGO REFINERY; II Gemini AMBULANCE and any Emergency Medical Services, Race Officials, Volunteers, and 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. This Release of Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further grant full permission

Team Captain assumes the responsibility for persons below _____
(Team Captain Must Sign Here)

| | | | |
|------------------|--------|----------------|---------------------|
| (1) Print Neatly | M or F | Age (required) | T-Shirt S M L XL |
| (2) Print Neatly | M or F | Age (required) | T-Shirt S M L XL |
| (3) Print Neatly | M or F | Age (required) | T-Shirt S M L XL |
| (4) Print Neatly | M or F | Age (required) | T-Shirt S M L XL |
| (5) Print Neatly | M or F | Age (required) | T-Shirt S M L XL |
| (6) Print Neatly | M or F | Age (required) | T-Shirt S M L XL |

Please mail your entry and fee to Beach to Bay Relay/Corpus Christi Roadrunners Inc/ P.O. Box 8750/ Corpus Christi, Texas/ 78468

Please see website for entry prices at www.beachtobayrelay.com
ONLY MONEY ORDERS OR CASHIERS CHECKS WILL BE ACCEPTED AFTER APRIL 7TH! ONLY ONE CHECK PER TEAM!

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AFFIDAVIT OF FACT – FOR COMMERCIAL AND SCHOOL DIVISION ONLY

State of

County of

BEFORE ME, THE UNDERSIGNED Notary Public, on this day personally appeared who, being duly sworn, upon oath deposed and stated the following:

MY NAME IS _____

I AM Check One

Director/Owner/General Manager of (company) _____

Principal/Registrar/Athletic Coach of (school) _____

I hereby certify that the six individuals listed on the entry form for the 43rd Armed Forces Day Beach to Bay Relay Marathon are:

Full-time, permanent employee of (company) _____ **and will have been employed by said business as of May 1, 2020 for at least two (2) months immediately prior to the race.**

Students of (school) _____ **and are enrolled in said school as of this date for the 2019-2020 school year.**

Name _____ **Position** _____

Subscribed and sworn to before me on the _____ **day of** _____ **20**____
to certify which witness my hand and seal of office

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____