43rd Annual Azalea Trail Run - March 28, 2020 Please print and fill out this form completely. One form per person please

OFFICIAL ENTRY FORM



AZALEA TRAIL RUN 2020

| Last Name: | | | | | | | |
|---|---|---|---|--|---|--|--|
| First Name: | | | | | | Middle Initial: | |
| Age on 3/28/2020 | Female | Male | Date of I | Birth | Z | IP Code | |
| | | | M M - D E |) - Y Y | | - | |
| Address: | | | | | | | |
| City: | | | | | | State | |
| Phone: | | | E-mai | : | | | |
| Event <i>Check One C</i> | nlv | | | | | | |
| 10K | 5K | | 2K Fun Run | | | | |
| Category Check On | e Only | | | | | | |
| Runner/Walk | er | Race walker | Wheel | chair (10K) | Prosthesis | | |
| T-Shirt Size | | | | | | | |
| Youth Large | Sma | ,II | Medium | Large | X-Large | XX-Large | |
| This is my | Azalea Tra | ail Run. (Inclu | de the 2020 ATR in | your count) | | | |
| What is your favorite | charity (must b | e a registere | d charity)? | | | | |
| staff, kin, fans, or sup | porters who regine credit for your | ster and comp participation, y | lete one of the ATR on the name on must fill in the name | events - \$1 per reg me of the school o | gistrant; \$2 per finish r youth organization | n organizations for studer ner. In order for the sch in the space below and | nool or yout |
| who refuse to be tested, will be drug testing may be obtained by RELEASE FORM: I know that runn that I am medically able to perfiany official to deny or suspend weather, including high heat an animals, and radio headsets are Having read this waiver and known that the control of the control | disqualified from this ev calling the USOC Hotline ing a road race is a pote irm this event, am in go my participation for any d/or humidity, traffic ar not allowed in the 10K ar invino these facts and in | vent, and will lose eli et 1-800-233-0393. ntially hazardous acti od health, and am pr reason whatsoever. nd the conditions of the d 5K races, and I will consideration of you | yibility for future competitions. vity that could cause injury or operly trained. I agree to abide I assume all risks associated the road, all such risks being k abide by this guideline. I under or acception my entry. I for my | SOME OVER-THE-COUNTER N eath. I should not enter and by any decision of a race o with running in this event. in nown and appreciated by m stand that if I do not abide I self and anyone entitled to | MEDICATIONS MAY CONTAIN BA I run unless I am medically al fficial relative to any aspect ncluding but not limited to fa ne. I understand that bicycles by these guidelines, race or act on my behalf, waive and | 55. Athletes found positive for bann ANNED SUBSTANCES. Information repole and properly trained, and by my soff my participation in this event. incolls, contact with other participants, s, skateboards, baby joggers, rollerials have the authority to disqualify release the Port City Pacers Road eld on March 28, 2020, and allowing ontractors, successors, and assigns | garding drugs an signature, I certif luding the right of the effects of th skates or blade: me from the rac Runners Club. In |
| and run/walk/race walk in said claims or liabilities of any kind permission for the use of name | arising out of my partic | cipation in the Azalea | ı Trail Run, even though that li | ponsors, agents, servants, ability may arise out of neç | representatives, licensees, c gligence or carelessness on | ontractors, successors, and assigns the part of the persons named in t | s from any and a this waiver. I giv |
| Signature | | | | | | ate | |
| Parent(Guardian) If participant is under 1 | 8, the signature o | f parent/guardi | an is also required. | | Da | te | |
| ATR Adult Registrati | | | Received by 12/31/2019 | Received by 3/14/2020 | Received by 3/26/2020 | Late Registration 3/27/2019 | |
| | 10K or 5K 2K Fun R | | \$20 □ \$15 □ | \$25 □ \$15 □ | \$25 □ \$20 □ | \$30 □ \$20 □ | |
| ATR Youth Registrati | on (15 and Youn 10K or 5K 2K Fun Ri | | \$10 □ \$8 □ | \$10 □ \$8 □ | \$15 □ \$10 □ | \$20 □ \$15 □ | |