

Little River Canyon
Half Marathon
Sat. Oct. 12, 2024

OFFICIAL ENTRY FORM

One person per entry form, this form may be duplicated. NO REFUNDS OR TRANSFERS

First Name: _____ Last Name: _____

Gender: M or F Age on 10/14/23 (mm/dd/yr) : _____ DOB _____

T Shirt Size: S M L XL XXL

Street Address: _____

City/State/ZIP: _____

Email: _____ Phone: _____

Race Day Emergency Contact Name: _____

Race Day Emergency Contact Phone: _____

Half Marathon Entry Fee (postmarked by 8/1/24): \$65

Half Marathon Entry Fee (postmarked after 8/1/24): \$75

Entry Fee the day of the race (October 12): \$85

*Make checks payable to JSU Canyon Center

Waiver and Release from Liability

YOU UNDERSTAND THAT PARTICIPATION IN THE EVENT IS POTENTIALLY HAZARDOUS, AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. YOU UNDERSTAND THAT EVENTS MAY BE HELD OVER PUBLIC ROADS AND FACILITES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY RANGING FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH. YOU UNDERSTAND AND AGREE THAT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE EVENT, YOU AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF YOU OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE JACKSONVILLE STATE UNIVERSITY , ITS EMPLOYEES, REPRESENTATIVES, AGENTS AND TRUSTEES FROM ANY AND ALL LIABILITY, DAMAGES, CLAIMS, OR DEMANDS ARISING OUT OF YOUR PARTICIPATION IN THE EVENT.

Signature of Participant

Date

Signature of Parent (if participant is under 18 years of age)

Date