ADULT BIATHLON & 5K

Name: _____
last first m.i.

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: ( )_____ ***E-Mail address:**_____

*E-mail addresses are for information purposes for this race only & will not be distributed

Age (by May 2, 2004): _____ DOB: _____ Sex: M F

Shirt Size (Circle one): Adult: S M L XL

Circle One: 5K Run - **$15.00** Individual Biathlon - **$20.00** *Team - **$40.00**
***Teammates Registration Form Must Be Included**

Male Team: _____
teammate's name

Female Team: _____
teammate's name

Mixed Team: _____
teammate's name

Tandem Team: _____
teammate's name

Submit Entries & Checks To:
May Day Biathlon
c/o Joani Richardson
106 Rebel Run
Morganton, NC 28655

RACE WAIVER

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, and anyone entitled to act on my behalf, release and discharge all sponsors, their representatives and successors, promoters, managers, directors, officials, agents, and volunteers of the May Day Biathlon from any and all claims of injury or liabilities of any kind, illness or damages suffered by me, as a result of my participation in or traveling to or from this event. I know that running and cycling a road race is a potentially hazardous activity. I should not enter and run or cycle unless I am medically able and properly trained. I assume all risks associated with running or cycling in this event, including, but not limited to, falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. I realize that this is a strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and good health. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for any legitimate purpose.

Signature: _____

Signature of parent or guardian if under 18: _____