

UNIVERSAL EVENT ENTRY FORM

Please legibly **PRINT** all fields below. Once complete, sign the form, attach your payment, and remit to the Race Director or mail to: P.O. Box 486, North East, MD 21901. Questions about this form? Call: (410) 287-8149 Please make all checks payable to "Blue Cheetah Sports Timing, LLC."

Event Name:	BIB#					
First Name:	Last Name:					
Date of Birth:	/			Gender/Sex:	\Box M	$\Box F$
Address:						
City:		State:		Zip Code: _		
E-mail:						
T-Shirt Size: ☐ Small Distance:						
LIABILITY WAIVER I UNDERSTAND THAT RUNNING AM MEDICALLY ABLE TO DO SO MY ABILITY TO SAFELY COMPLE NOT LIMITED TO: FALLS, CONTA TRAFFIC AND THE CONDITIONS WAIVER AND KNOWING THESE F ENTITLED TO ACT ON MY BEHAI REPRESENTATIVES, AND SUCCES THIS EVENT EVEN THOUGH THAY NAMED IN THIS WAIVER. I HAVE GRANT PERMISSION TO ALL OF T RECORD OF THIS EVENT FOR AN PARENT/GUARDIAN OF THE ENT	AND PROPER TE THE RUN. CT WITH OTH OF THE ROAD FACTS AND IN LF, WAIVE ANI T LIABILITY A T ELAD THE LI THE FOREGOI Y LEGITIMAT	LY TRAINED. I AGRE I ASSUME ALL RISKS ER PARTICIPANTS, T AND ALL SUCH RISI CONSIDERATION OF D RELEASE BLUE CH ALL CLAIMS OR LIAF MAY ARISE OUT OF N ABILITY WAIVER AN NG TO USE ANY PHO E PURPOSE. I CERTIF	E TO ABIDE BY ANS ASSOCIATED WITHE EFFECTS OF THE SECOND FOR STATE OF THE SECOND FOR STATE OF ANY BETTER OF ANY BE	NY DECISION OF A RATH RUNNING IN THIS HE WEATHER, INCLU I AND APPRECIATED IG MY ENTRY, I FOR M IMING, LLC., AND AL IND ARISING OUT OARELESSNESS ON THE INHERENT RISKS ION PICTURES, RECO EARS OF AGE OR OLI	ACE OFFICIAI S EVENT INCI DING HEAT/I BY ME. HAVI MYSELF AND L SPONSORS, F MY PARTIC HE PART OF T S WITH THIS RDINGS, OR	L RELATIVE TO LUDING, BUT HUMIDITY, NG READ THIS ANYONE , THEIR HIPATION IN HE PERSONS ACTIVITY. I ANY OTHER

Parent/Guardian:

Signature: