

Viola Valley Half Marathon
May 9, 2020
7:00AM CDT (Half Marathon)
7:15AM CDT (5K)

Name: _____

Mailing Address: _____

Birthdate: _____ Age Day of Race (5/9/20): _____ Sex: M F

T-shirt size (circle one) S M L XL

Daytime Phone Number: _____

Cell Phone Number: _____

Emergency Contact Name: _____

Emergency Contact
Number: _____

The undersigned acknowledges that the Viola Valley Half Marathon race is voluntary and that I am voluntarily participating. I hereby release the Viola Valley Half Marathon, its officers, volunteers, race officials, sponsors and all parties from any claims, demands or causes of action of every nature which arise out of or are connected with the Viola Valley Half Marathon race and/or events.

The undersigned agrees that the above-mentioned parties shall be held harmless in the event of an accident causing damages or loss of property or injury to the undersigned. I have read the foregoing release, understand its terms, and voluntarily sign the same

.Registration fees: \$40.00 thru April 10, 2020

Please mail registration for to: Viola Valley Half Marathon
2395 Mt. Zion Road
McMinnville TN 37110

We ask that you not mail any forms after May 1, 2020 This will help us to have all our registration bags completed by the day of race.

Signature _____ Date _____

Signature of parent/Guardian if runner is under 18 _____