

# Viola Valley Half Marathon

September 26, 2020

7:00AM CDT (Half Marathon)

7:15AM CDT (5K)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age Day of Race (9/26/20): \_\_\_\_\_ 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

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 August 28, 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 \_\_\_\_\_