NITTANY VALLEY HALF MARATHON RACE DAY REGISTRATION FORM

Name _____ Age _____

Address _____

City, State _____ Zip _____

Phone _____ – _____ – _____ Birthdate _____ – _____ – _____

Email _____

Gender ☐ Female ☐ Male ☐ Non Binary

Race Day Entry Fee: $70

Payment ☐ Cash ☐ Check (made out to CVIM) ☐ Credit Card

Bib Number

YOU MUST SIGN THE EVENT WAIVERS AND TURN THEM IN WITH THE REGISTRATION FORM

In consideration of the acceptance of my entry, and intending to be legally bound, I hereby, for myself, my heirs, my executors and administrators, do waive, release, and discharge all rights and claims which I may have, or which may hereafter accrue to me, against any and or all volunteers or employees of Centre Volunteers in Medicine, all named and unnamed sponsors and volunteers, while traveling to and from the event, participating in the event and using any and all facilities, for any and all injuries suffered by me in this event. I understand that a 13.1 mile race is potentially dangerous and hereby attest and affirm that I am sufficiently conditioned for this event.

Signature of Participant _____

Parent Signature (if participant is under 18) _____

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