

Registration Form Nittany Valley Half Marathon DECEMBER 3, 2023



Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Email: _____

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 members of the Nittany Valley Running Club, 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 Entrant: _____

Date: _____

Parent Signature (if participant is under 18)

Age Race Day: _____

Gender: M F

Entry Fee:

Race Day

\$65

Total Amount Due \$ _____
(cash or check made
Out to CVIM)

Credit Card Number

Exp. Date: _____ Code: _____

Name on Credit Card:

Nittany Valley Half - Marathon

ROLLING START 10 -10:15 AM

CENTRE VOLUNTEERS IN MEDICINE EVENT

www.nittanyvalleyhalfmarathon.com

www.cvim.net

YOU MUST SIGN THE WAIVERS AND TURN IT IN WITH THE REGISTRATION FORM