Registration Form Nittany Valley Half Marathon DECEMBER 8, 2024

Name:		Age Race Day:	Chip Number Assigned by race office not complete
Address:		Gender: M F	-
City:		Entry F	ee:
		Race Day	\$70
State:	Zip Code:	Total Amount Due	
		(cash or check made	\$
Phone:	()	Out to CVIM)	ې
Email:		Credit Card Number	
In consideration		Exp. Date:C	ode:
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.		Name on Credit Card:	
		Nittany Valley F	lalf - Marathon
Signature of Entr	ant:		
Date:		CENTRE VOLUNTEERS	IN MEDICINE EVENT
Parent Signature (if participant is under 18)		www.nittanyvalleyhalfmarathon.com	
		<u></u>	<u>vim.net</u>

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