

Marathon Relay Information

Teams: Each team will consist of a maximum of four members. The relay legs are between 5.5-7.3 miles. Teams are responsible for getting to the exchange points. Driving directions are linked @ Thespokanemarathon.com. The course is the same as the marathon course and starts at 7:00 a.m.

YOU CAN USE THE ENTRY FORM BELOW OR YOU CAN REGISTER ONLINE @ racemine.com

Fees:

- **Postmarked By 9/25/17 or online by 9/27/17** - \$40.00 per team member with shirt, \$30 per team member without shirt
- **After 9/27/17** - \$40.00 with no shirt.
- **Fees are not refundable.**

Awards: Awards for the top three teams in each division: Male Team, Female Team, and ACOGON (any combination of gender or number-maximum of four members)

Gender specific shirt sizes:

- Shirts come in men's and women's sizes: XS S M L XL 2XL 3XL (add \$3.00 for 2XL & 3XL)

2017 Marathon Relay Entry Form

DECLARATION: In consideration of acceptance of this entry and intending to be legally bound, I hereby for myself, heirs, executors, and administrators waive, release and discharge any and all rights and claims to damage which I may have or which may hereafter accrue to me against the Bloomsday Road Runners Club, other sponsors of this run, or respective officers, agents, representatives, successors and/or assigns, for myself in connection with my entry and/or travel to, participating in, and returning from The Spokane Marathon Relay on October 8, 2017. I realize that The Spokane Marathon HIGHLY discourages the use of headphones during the race. I also understand the course is not closed. I agree I will not run with a dog. I have read the above statement, I understand it, and my signature confirms its acceptance.

RELAY TEAM INFORMATION - Team captain should make a copy and then return the entire page. *Each team member must sign the form.*

Team Name:		Please Circle Team Category:						
		Male - (4 males) Female - (4 females) ACOGON - (any combination of gender or number)						
Team Captain Name: (First/Last)	Signature: (I have read & understand the Release Statement – Declaration above)	M/F	Address: City, State & Zip	Phone # (include area code)	Age on race day 10/8/17	Shirt Style		Shirt Size:
						M	W	XS, S, M, L, XL, 2XL 3XL
Team Member #2: (First/Last)								
Team Member #3: (First/Last)								
Team Member #4: (First/Last)								

Checks made out to **Bloomsday Road Runners Club**. Team Captain should mail **one** check to: Marathon Relay, 16424 N. Napa Ln., Spokane, WA 99208
 Amount enclosed: \$ _____

How did you learn about this relay? Race Rag: _____ Web: _____ Print Ads: _____ Friend: _____ Past Participant: _____ Other: _____