

Sunday, January 31, 2010  
Waco, TX

Team Bib Number: \_\_\_\_\_

# 4 Person Relay Team



Team Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Each team member must complete and sign the official entry section on the next page to receive a race number and be entered into the race. Entry is not valid without payment. **Race day registration for relay teams will close at 7:00 am.** Race packets will be organized by team name at packet pick-up, with all participants' information included in team packet.

**Open Division**

**High School Track Division**

## Catagories:

**Four Person Relay Team** (complete all 3 pages of this form)

Four-Person Male

Four-Person Female

Four-Person Mixed

Note: The four relay segments are not even. The first and fourth segments are approximately 5 miles in length and the second and third segment are approximately 8 miles in length.

Please refer to the website description when deciding which team runner will run on which segment.

Early Registration (postmarked by December 1) \$ \_\_\_\_\_

4-person team \$130/team

Regular Registration (postmarked December 2 through January 23) \$ \_\_\_\_\_

4-person team \$150/team

Late Registration (postmarked January 24 through 30) \$ \_\_\_\_\_

4-person team \$170/team

Race Day Registration \$ \_\_\_\_\_

4-person team \$190/team

Mail registration form with check  
or money order to:

**Miracle Match Marathon**  
2401 South 31<sup>st</sup> Street  
Temple, TX 76508

(888) 724-2811 (Race Administrator)  
(254) 405-2518 (Race Director)

For more information, contact us at : <http://mmm.sw.org>

Fax : (254) 724-9601

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Waco, TX  
**Relay Team**  
**Registration Form**



## Relay Participants

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

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### Participant 1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age on 1/31/2010: \_\_\_ Sex:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt size:  S  M  L  XL

**WAIVER STATEMENT: Entry invalid if not signed.** I, the undersigned, assume full and complete responsibility for any injury or accident, which may occur during my participation in the event or while I am on the premises of the event. I hereby release and hold harmless the Miracle Match Marathon, Scott & White, City of Waco, Waco Striders, Baylor University, the sponsors, promoters and all other persons and entities associated with the event or their agents or employees or otherwise. I will not enter and participate unless it is medically safe for me and I am properly trained. I also know that although protection services will be provided, there may be traffic on the course route. I assume all risk associated with this event, including but not limited to falls, contact with other participants, the effects of weather including high heat and/or humidity and rain, and the conditions of the road, all such risks being known and appreciated by me. I further grant my permission to use any photographs, videotape, motion pictures, recordings, or any other record of this event that includes myself. T-shirt is not guaranteed. Fees are non-refundable. I have read the forgoing and certify my agreement by this signature, and my parent's/guardian's if under 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature, for minor \_\_\_\_\_

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### Participant 2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age on 1/31/2010: \_\_\_ Sex:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt size:  S  M  L  XL

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature, for minor \_\_\_\_\_

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## Relay Participants

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

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### Participant 3:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age on 1/31/2010 \_\_\_ Sex:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt size:  S  M  L  XL

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature, for minor \_\_\_\_\_

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### Participant 4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age on 1/31/2010 \_\_\_ Sex:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt size:  S  M  L  XL

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature, for minor \_\_\_\_\_