

Sea Cavalcade Mile 2010

LAST NAME _____

FIRST NAME _____

MALE FEMALE AGE ON JULY 24/10 _____

BIRTHDATE mm-dd-yy _____

ADDRESS _____

CITY _____

PROV ____ POSTAL CODE _____

COUNTRY _____

TELEPHONE _____

EMAIL _____

CATEGORY: 9&U, 10-12, 13-15, 16-19,
 20-29, 30-39, 40-49, 50-59, 60-69, 70+

ENTRY FEE:

Age 19&Under: \$8 by July 22, 2010, \$10 day of race

Age 20+: \$10 by July 22, 2010; \$15 day of race.

Family of 3 or more, same household: parents & children age 16&U, deduct \$2 each if entering together.

BC Athletics 'Athlete' members deduct \$3.

2010 BC Athletics # _____

WAIVER—MUST BE SIGNED BY PARTICIPANT OR PARENT/ GUARDIAN IF UNDER 19:

In consideration of you permitting me to participate in this event, I hereby, for myself, executors, administrators and personal representatives, release the organizers of this event, their agents, the Town of Gibsons, B.C. Athletics, volunteers and the event sponsors from all liability, and I waive, as against the organizers, agents, Town of Gibsons, B.C. Athletics, volunteers and event sponsors, all claims of any kind whatsoever I may have for personal injuries or property losses suffered by participation in this event. I certify that I have full knowledge of the risks involved in this event and I am physically fit and able to participate, and that unless indicated to the contrary by the signature of parent/guardian below, I am 19 years or older.

SIGNATURE _____ DATE _____

Mail this form with fee, **PAYABLE TO
SUNSHINE COAST ATHLETICS**, to:

Sunshine Coast Athletics — Sea Cavalcade Mile
c/o 7838 Redrooffs Road
Halfmoon Bay, BC V0N 1Y1

Or register race day at the start 10–10:40am