

**SEA ISLE CITY BEACH PATROL
2018 ISLAND RUN **RACE DAY ONLY** ENTRY FORM**

THERE IS NO MAIL-IN REGISTRATION

For More Information Go To www.sicbp.com And Click On The Events Icon

_____ M F _____
First Name Last Name Sex (circle) Age Race Day

_____ City State Zip Code
Street Address

_____ Phone
Email Address

S M L XL Mark if Appropriate: _____
Shirt Size (circle) (check only one) Beach Running Corporate Police SICBP Firefighter
Patrol Club Team Officer Alumni

Team Name/ Affiliation

Be aware of the following medical conditions or medications: _____

RELEASE FORM (Mandatory)

I understand that I am financially responsible for any and all medical bills incurred by myself or my child while participating in this running race. In case of an emergency, I grant permission for myself or my child to be given emergency treatment by the appropriate medical personnel.

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses, and damages I may have against the Sea Isle City Beach Patrol, Sea Isle City, and all other parties and their representatives, successors, and assigns for any and all injuries, including death, suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event, and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other records of this event for any purpose whatsoever.

NO ONE MAY ENTER THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER!

Signature

Date

Parent's or Guardian's signature required for all participants under 18 years of age.

Date