SEA ISLE CITY BEACH PATROL
2017 ISLAND RUN RACE DAY ENTRY FORM

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

_____ _____ _____ _____
Street Address City State Zip Code

_____ _____-_____-_____
Email Address Phone

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

_____
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