Twin City Track Club Generic Race Application

Note: This entry form was designed by the Twin City Track Club as a courtesy to runners and race directors to make it easier to preregister for local road races. Simply read the adjoining race calendar and select the race of your choice. Fill out the form below, print it, then send it, along with a check to the proper amount, to the address listed on the main race page. Be sure to complete all information, and be aware that some races require seeding times in order to process your entry. Signing the waiver is always required. Some races have additional forms for fund raising.

Event Name:	Event Distance	Event Date	Event City	
First	MI Last		_Birthdate	Sex M F
Address		_City	State	Zip
Age Race Day E-mail Address				
Weight (for Clydesdale) Expect	ed Finish Time Prev	/ious Times At Event	TCTC Member YN	
Home Telephone ()	Work Telephone ()	U	JSATF #	
Emergency Contact Name		Emegenc	y Phone Number ()	
WAIVER: I know that running a road race is a potentia decision of a race official relative to my ability to safely, with other participants, runners, bikers, horses and oth known and appreciated by me. Having read this waive and will hold harmless the race organizer, Twin City Trac all claims and liabilities of any kind arising out of or race/run.	ly hazardous activity. I should not enter and I omplete this run within the designated time li er animals, the effects of weather, including h r and knowing these facts and in consideratic k Club, Inc., all other sponsors and property ow elated to my participation in this race. I und	run unless I am medically able and mit I assume all risks associated w eat or cold and precipitation, traffi n of your accepting my entry, I for vners, and all the agents, employees lerstand that headphones, baby jo	properly trained to complete the ever "th running in this race, including, but, c, and the conditions of the trails and myself and anyone for whom 1 am eni ; officers, directors and volunteers wor. ggers or strollers, roller skates and dc	nt. I agree to abide by any not limited to falls, contact roads, all such risks being titled to act, waive, release, king for those entities from ngs are not allowed in this
Signature of entrant	Date	Signature o Guardian if	f parent or under 18	
of entrantuse separate				
Twin City T Note: This entry form was designed by road races. Simply read the adjoining check to the proper amount, to the adjoining seeding times in order to process your	the Twin City Track Club as a cou race calendar and select the race c dress listed on the main race page	rtesy to runners and race of of your choice. Fill out the t e. Be sure to complete all ir	directors to make it easier to form below, print it, then send information, and be aware the	preregister for local d it, along with a at some races require
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First	MI Last		_Birthdate	Sex M F
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Weight (for Clydesdale) Expect Home Telephone () Emergency Contact Name WAIVER: I know that running a road race is a potentia decision of a race official relative to my ability to safely.	Work Telephone ()	U:	SATF # y Phone Number ()	
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•	e application for each entrant	. ,		·····×
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Signature		Signature o	of parent or	

Date

of entrant

Guardian if under 18