

6th ANNUAL XC TEAM CHALLENGE 5K RACE
(18th ANNUAL CDE / 11th ANNUAL CD)

Last Name: _____ First Name: _____ Sex: _____
(Please Print Clearly)

DOB: _____ Age on Race Day: _____ HS Graduation Year: _____

Email address: _____

- ☐ I am entering as an individual (Unattached).
☐ I am entering as part of a team. Team Race Categories: (circle one)

CD XC	CD XC Alumni	CD Alumni	Unattached
CDE XC	CDE XC Alumni	CDE Alumni	Other: _____

Race Day Fee (\$25): _____	T-Shirt Fee (\$10): _____	T-Shirt Size: _____	Bib Number: _____
			Race Category: _____

Waiver

I know that running a race is a potentially hazardous activity. I will not enter this race and run unless I am physically capable, medically able and properly trained. I agree to abide by any decision a race official may have relative to my ability to safely complete the run. I assume all risks associated with running this race, including, but not limited to, falls, contact with other participants, effects of weather, traffic, and terrain conditions. All such risks are known and appreciated by me. Having read this waiver, knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Central Dauphin School District and Cross Country teams and all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this race, even though such liability may arise out of negligence or carelessness on part of the persons named in this waiver.

Signature: _____ **Date:** _____

Parent's Signature: _____ **if under 18.**