



## 3-Person Relay "Mail-In" Registration Form

Sunday, March 26, 2023 Two Rivers High School 8:00 A.M. Start

***Important: Please complete one form per relay runner***

### **3-Person Relay Entry Fee:**

**\$50.00 Mail-in Prior to February 1st**

**\$60.00 Mail-in February 1st to March 19th**

**\$45.00 Mail-in Student/Family Discount prior to March 19th**

**\$75.00 Race Weekend (Please note shirt is not guaranteed with Race Weekend Registration)**

**Please make check payable to: Two Rivers 10-Mile and mail completed entry form and check to: Two Rivers 10-Mile & Relay, Attn: Scott Jansky (Race Director), 2504 Pine Tree Drive, Two Rivers, WI, 54241**

**TEAM NAME** \_\_\_\_\_

**Relay Category:** \_\_\_\_\_ **Male Team** \_\_\_\_\_ **Female Team** \_\_\_\_\_ **Coed Team**

**NAME (first, last)** \_\_\_\_\_

**Birthdate** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Age on Race Day** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Telephone (\_\_\_\_\_)** \_\_\_\_\_  
(Email address will only be used for race updates)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

### **Please select gender specific shirt:**

**T-Shirt Size (Women's):** \_\_\_\_\_ **S** \_\_\_\_\_ **M** \_\_\_\_\_ **L**

**T-Shirt Size (Men's):** \_\_\_\_\_ **S** \_\_\_\_\_ **M** \_\_\_\_\_ **L** \_\_\_\_\_ **XL** \_\_\_\_\_ **XXL (Add \$2.00)**

In consideration of the acceptance of my entry in the Aurora Health Care Two Rivers 10-Mile Run and 2-Mile Run/Walk, I hereby absolve and hold harmless the Two Rivers Public School District, City of Two Rivers, County of Manitowoc, Two Rivers Township, Wisconsin Department of Transportation, race organizers, race sponsors, and all persons connected with the race from any liability or injury incurred by me while participating in the Aurora Health Care Two Rivers 10-Mile Run or 2-Mile Run/Walk events. I further provide that this harmless agreement applies to my heirs, executors, and assignees. I am physically fit to participate in this event. I also hereby grant permission to use my name, photographs, videotapes, and motion pictures in connection with this event for any purpose.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(If under 18, Parent or Guardian Signature)

**Tworivers10mile.com**

**Thank you for choosing to run our event!**