Brainerd Jaycees Run For The Lakes REGISTRATION FORM

First Name	Last Name				
Address					
City State Zip		Phone Number			
Email Address (for race communication only	- RFTL will not distribute or s	ell emails) F	Phone Number		
		Circle size choice	Circle cut choice		
□ M □ F	/ /	SMLXLX	KXL M W		
Gender Age on Race Day	Date of Birth	Adult T-Shirt Size (NEW: N	Iens and Womens Cuts Available)		
(If Relay) Team Name:					
Team Person #1 (with age & gender)			T-Shirt Size _		
Team Person #2 (with age & gender)			T-Shirt Size _		
Team Person #3 (with age & gender)			T-Shirt Size _		
			T 01 1 4 01		

Event	By Dec 31	Jan 1-Feb 28	Mar 1-April 25	April 26
Marathon	\$55	\$65	\$75	\$80
Half Marathon	\$50	\$60	\$70	\$75
Relay Marathon	\$180	\$220	\$260	\$280
10K	\$35	\$40	\$45	\$50
5K (Friday)	\$25	\$30	\$35	\$35
Kids 1K (Friday)	\$10	\$10	\$10	\$10
ZerOK	\$20	\$20	\$20	\$20

WAIVER

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained to complete the course. I agree to abide by any decision of a race official relative to my ability to safely complete the run. In consideration of the acceptance of this entry. I hereby, for myself and my heirs, executors and administrators, waive any and all rights, claims, and damages I may have against Brainerd Jaycees Inc., sponsors, associated parties, all city, county, and state governments and any individuals associated with said event. I grant permission for the free use of my name and image any broadcast, telecast or print media account of the event. Drug testing: Athletes who participate in this competition may be subject to formal drug testing in compliance with USATF and IAAF Rule 144. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and will lose eligibility for future competition. In signing this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. If you are under 18 years you must have the signature of your legal guardian to participate in this event. I understand that all entries are final with no refunds. The official race director reserves the right in any event of emergency or local or national disaster to cancel the race or to change the day and or time to a later day and that in the event of cancellation or change there is no refund of entry fees.

Participant Signatu	ire		Date			
Parent/Guardian S	ignature (if under 1	8)		Date		
Circle Event:	Marathon	Half Marathon	Relay Marathon	10K	5K	Kids 1K
How did you he	ear about us? _					
Total Amount I (Race fees are non		mbers are non-transferable)			
•	es Run For The I	allowed) payable in U Lakes	S\$ to: Brainerd Brocess RUA	J.		

TEL: 218-824-9461 | EMAIL: registration@runforthelakes.com