

Team#:

ENTRY FORM
45th ANNUAL
Lexington Road & River Relay
Saturday, May 2, 2020 10:00 Start Time

Please designate your team classification:

Please print and provide the following complete information:

3.5 MILE RUNNING LEG	
Name:	Address:
City/State/Zip:	Email:
Telephone:	Age:
Signature:	Gender: M F T-shirt size: S M L XL XXL Unisex cut or Women's Cut (circle one)
<i>I, the above signed, have read and agree to the Waiver. Guardian must sign if entrant is under 18 years of age.</i>	
9.1 MILE CYCLING LEG	
Name:	Address:
City/State/Zip:	Email:
Telephone:	Age:
Signature:	Gender: M F T-shirt size: S M L XL XXL Unisex cut or Women's Cut (circle one)
<i>I, the above signed, have read and agree to the Waiver. Guardian must sign if entrant is under 18 years of age.</i>	
2.2 MILE CANOE/KAYAK LEG	
Name:	Address:
City/State/Zip:	Email:
Telephone:	Age:
Signature:	Gender: M F T-shirt size: S M L XL XXL Unisex cut or Women's Cut (circle one)
<i>I, the above signed, have read and agree to the Waiver. Guardian must sign if entrant is under 18 years of age.</i>	
2.2 MILE CANOE/KAYAK LEG	
Name:	Address:
City/State/Zip:	Email:
Telephone:	Age:
Signature:	Gender: M F T-shirt size: S M L XL XXL Unisex cut or Women's Cut (circle one)
<i>I, the above signed, have read and agree to the Waiver. Guardian must sign if entrant is under 18 years of age.</i>	
1.3 MILE RUNNING LEG	
Name:	Address:
City/State/Zip:	Email:
Telephone:	Age:
Signature:	Gender: M F T-shirt size: S M L XL XXL Unisex cut or Women's Cut (circle one)
<i>I, the above signed, have read and agree to the Waiver. Guardian must sign if entrant is under 18 years of age.</i>	

WAIVER: In consideration of the acceptance of my entry, I, for myself, my heirs, successors, executors, administrators, distributes and Assignees, do hereby release and discharge the Lexington Road & River Relay Committee, Lexington Sunrise Rotary Club, and all other Sponsors, including the trustees, servants, agents, officers, employees, successors, and assigns of each, from any and all actions, Causes of action, claims, and demands for damages of whatever nature, arising out of or in any way connected with my participation in the 2019 Lexington Road & River Relay. I acknowledge and confirm that I am fully aware of the risks involved in this event and certify that I am physically fit and sufficiently trained to participate. I further certify that I have read the foregoing and have full understanding of its contents.

TEAM NAME: _____

TEAM CAPTAIN: _____

FEE: \$90.00 per team through April 4, 2020; \$125 per team after April 4, 2020.

Individual participants, \$35 through April 4, 2020 or \$45 after April 4, 2020.

**Only entries received prior to April 4, 2020 will be guaranteed a t-shirt .

MAKE CHECKS PAYABLE TO: Lexington Sunrise Rotary Club Foundation.

SEND TO: Lexington Sunrise Rotary Club, P.O. Box 63, Lexington, VA 24450

Thank you!