

Team#: _____

ENTRY FORM
Lexington Road & River Relay Race
Saturday, May 6th, 2023 10:00 Start Time

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: _____

FEES:

Early Registration Fees

- Must be received before 5:00 pm on Saturday, April 22rd, 2023*
- \$125 per team
- \$50 per solo participant

Only Early Registration Participants will be guaranteed a t-shirt

Regular Registration Fees

- Received after Saturday, April 22rd, 2023
- \$160 per team
- \$60 per solo participant

PAYMENTS:

MAKE CHECKS PAYABLE TO: Lexington Sunrise Rotary Club Foundation.

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

Thank you for participating!