



Minocqua No Frills Marathon

Sunday, before Labor Day Event

- Your Name: _____
- Age on Race Day: _____ DOB _____ Gender: M or F
- Shirt Size: S M L XL 2XL I Don't Want a Shirt
- Race Event:
 Marathon \$75/\$90 Race Day Half Marathon \$75/\$90 Race Day
 Marathon Relay \$120 (teams of 2) or \$160 (teams of 2 or more) Virtual Participant (check event also)
- Mailing address (optional): _____

- City: _____ State: _____ Zip: _____
- Cell Phone: _____
- E-Mail: _____

Estimated Completion Time: _____ Early Start Option: YES NO

If you are on a RELAY Team, please enter your team name below. If you are not on a team, please skip the question and move on to the next question. There will be 5 transition points on the course. The Relay Team must determine where they wish to transition depending upon the number of team members.

Team Name _____

2nd Team Member's Name: _____
Shirt Size: S M L XL 2XL I Don't Want a Shirt

3rd Team Member's Name: _____
Shirt Size: S M L XL 2XL I Don't Want a Shirt

4th Team Member's Name: _____
Shirt Size: S M L XL 2XL I Don't Want a Shirt

5th Team Member's Name: _____
Shirt Size: S M L XL 2XL I Don't Want a Shirt

Accident Liability Waiver

- ACCIDENT WAIVER AND RELEASE OF LIABILITY I acknowledge that the registered event is an extreme test of a person's physical and mental limit and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, participants, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all the risks for participating in this event. I certify that I/we am physically fit, have sufficiently trained for participation in the event, and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) will be used by the event holders, participants, sponsors, service providers, and organizers in which I may participate and that it will govern my actions and the responsibilities at said event.
- In consideration of my application and permitting me to participate in the event, I/We hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, including but not limited to Blue Raven Race Production Company, their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or person(s) mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the event.
- I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under the applicable law: I grant permission to the event organizers and Blue Raven Race Production Company to use my name, image, and photographs, videos, or any other record of my participation in the event for race commercial purposes including but not limited to newspaper, website, brochures, fliers, radio, and television. I hereby certify that I have read this document and understand its content. Additionally, I have read the rules, disclaimer and course descriptions on this events website and agree to the terms stated therein.
- I have read, understand, and agree to the terms of the Accident Waiver of Liability Form

Participant Signature: _____ Date: _____

The participant is a minor and I am signing as his/her guardian.

Make checks payable to Blue Raven Race Productions

Rick Wilson
Blue Raven Race Productions
11475 Cagle Rd
Arbor Vitae, WI 54568