



# Crossroads Half Marathon

presented by:



September 21, 2019  
Walkers/Runners start - 7:30 AM

PARTICIPANT INFORMATION				
Last Name:		First Name:		Middle Initial:
Address:			Contact Number: ( )	
City:	State:	ZIP Code:		<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: / /	Age on race day: <i>must be at least 12 years of age on race day</i>		<input type="checkbox"/> Runner	<input type="checkbox"/> Walker
email address:				
Emergency contact name:			Emergency contact phone number:	
T-shirt size (circle one):				
Men's Sizes:		S	M	L XL XXL
Women's Sizes:		S	M	L XL XXL
<i>adult shirts are short sleeve tech shirts and are only be guaranteed to entrants registered prior to 09/15/19</i>				

RACE INFORMATION				
	prior to	prior to	after	
	<b>6/1/2019</b>	<b>8/20/2019</b>	<b>8/20/2019</b>	
Half Marathon (run)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00	
10K (run)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00	
Half Marathon (walk)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00	
10K (walk)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$70.00	
<b>(* NO RACE DAY REGISTRATION</b>				
<b>You must register prior to 9/15/19 to be guaranteed a shirt.</b>				
WVRR Club members subtract \$5 from listed fees. No race day discount.				
<b>Finish line will close at 11:00 AM. All race participants start at 7:30 AM.</b>			Total amount enclosed: \$ <input style="width: 100px; height: 20px;" type="text"/>	

Make checks payable to: Wabash Valley Road Runners  
 Send to:  
 Crossroads Half Marathon  
 Attn: Ellie Caldwell  
 2425 N. 8th Street  
 Terre Haute, IN 47804

### PLEASE READ AND SIGN BELOW BEFORE SUBMITTING ENTRY

I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risk associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release the Wabash Valley Road Runners Club, Inc., its officers and agents, all sponsors, their representatives and successors including the Road Runners Club of America, its officers, directors, agents and employees, from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. NO REFUNDS. T-SHIRTS OR AWARDS WILL NOT BE MAILED. In addition I agree to pay a \$25 replacement fee if I do not return the timing chip assigned to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or legal guardian signature if under 18 yrs of age: \_\_\_\_\_

## Next WVRR Race - Indiana Fall Classic- November 16, 2019