HARBOR HALF
HALF MARATHON + RELAY + 5K + 10K

*Please fill in all blanks

FLINT HILLS resources™

* FIRST NAME | MI | * LAST NAME | ☐ MALE ☐ FEMALE

* ADDRESS

* CITY, STATE, ZIP

* DAY PHONE ( ) - | CELL PHONE ( ) -

* DATE OF BIRTH / / | AGE ON RACE DAY

Male Shirt Size ☐XXL ☐XL ☐L ☐M ☐S

Female Shirt Size ☐XXL ☐XL ☐L ☐M ☐S

NO KIDS SIZES AVAILABLE

* EMAIL ADDRESS

* EMERGENCY CONTACT (SOMEONE NOT PARTICIPATING IN ANY OF THE RACES) | * EMERGENCY PHONE ( ) -

[NOTE: The course will close at 10:30 AM no exceptions. Walkers should sign up for 5K or 10K.]

RELAY TEAM INFORMATION

Relay Team Members
Submit both team members forms together.

NAME (WITH MIDDLE INITIAL)

NAME (WITH MIDDLE INITIAL)

Team Name

Team Type ☐ MIXED ☐ MALE ☐ FEMALE

Shirt Sizes #1 ☐XXL ☐XL ☐L ☐M ☐S

Shirt Sizes #2 ☐XXL ☐XL ☐L ☐M ☐S

SELECT A RACE

HALF MARATHON	TEAM RELAY	10K RUN	5K RUN
☐ $55 Before 7/16	☐ $90 Before 7/16	☐ $45 Before 7/16	☐ $40 Before 7/16
☐ $65 7/16 - 9/16	☐ $100 7/16 - 9/16	☐ $50 7/16 - 9/16	☐ $45 7/16 - 9/16
☐ $75 After 9/16	☐ $110 After 9/16	☐ $55 After 9/16	☐ $50 After 9/16

REGISTRATIONS RECEIVED AFTER OCTOBER 2, 2017 WILL NOT BE GUARANTEED A SHIRT OR MEDAL

DEADLINE FOR MAIL-IN REGISTRATION: OCTOBER 27, 2017

TOTAL (NO REFUNDS) $

METHOD OF PAYMENT ☐ CHECK PAYABLE TO HARBOR HALF MARATHON ☐ MC ☐ VISA ☐ AMEX

CARD NUMBER | EXP. DATE

CARD HOLDER SIGNATURE _____ CVV2*

MAIL TO THE HARBOR HALF MARATHON
615 N. UPPER BROADWAY #618, CORPUS CHRISTI, TX 78401

*CVV2 is an authentication system established by credit card companies to reduce fraud. **Visa, MC & Discover**; 3 digit number found on the back of card. **AmEx**; 4 non-embosed digit number in front of card above the embossed card number.

RELEASE:
I know that running and volunteering to work in races are potentially hazardous activities. I should not enter and run in the race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in races including, but not limited to falls, contacts with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the JA Worldwide, Junior Achievement of South Texas, Junior Achievement of the Coastal Bend, the city of Corpus Christi and all of the sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

(Parents signature required if participant is less than 18 years of age).

SIGNATURE: _____ DATE: _____