



Hyannis Marathon, Team Relay Registration

February 26, 2017

Pease check ONE box below:

- On or before 1/15/17: \$117.23 (\$115 + \$2.23 insurance fee)
- After 1/15/17: \$127.38 (\$125 + \$2.38 insurance fee)

*** DO NOT MAIL OUT AFTER 2/15/17 ***

imATHLETE will provide a full refund of your registration fee to you should this event be canceled or postponed for a covered reason and not rescheduled within 90 days. Learn more about your refund coverage at <http://help.imathlete.com>

TEAM NAME: _____

Captain/Team Member #1: _____

Address: _____

Town/State & Zip Code: _____

Email: _____ Phone: _____

Date of Birth: _____ Gender: _____

Weight *(Required only for those competing in Clydesdale or Filly division):* _____ **T-Shirt Preference** *(circle one):* Men's Women's **Size (XS-XXL):** _____

Captain/Team Member #2: _____

Email: _____ Phone: _____

Date of Birth: _____ Gender: _____

Weight *(Required only for those competing in Clydesdale or Filly division):* _____ **T-Shirt Preference** *(circle one):* Men's Women's **Size (XS-XXL):** _____

Captain/Team Member #3: _____

Email: _____ Phone: _____

Date of Birth: _____ Gender: _____

Weight *(Required only for those competing in Clydesdale or Filly division):* _____ **T-Shirt Preference** *(circle one):* Men's Women's **Size (XS-XXL):** _____

Captain/Team Member #4: _____

Email: _____ Phone: _____

Date of Birth: _____ Gender: _____

Weight *(Required only for those competing in Clydesdale or Filly division):* _____ **T-Shirt Preference** *(circle one):* Men's Women's **Size (XS-XXL):** _____

Saturday Buffet Pasta Dinner (please circle): YES NO Number of Pasta tickets (\$17.00 per person):

Include the merchandise you are purchasing below - include size & amount. Merchandise Item: _____

Discount Code: _____ **Total Amount Enclosed: \$** _____

WAIVER: In consideration of the acceptance of this entry I intend to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all claims for personal damage I may have against Barnstable County, Town of Barnstable where the event is being held in, including all organizers, B.A. Event Promotions, Paul Collyer, sponsors of the race including the Resort & Conference Center of Hyannis, all volunteer groups, imATHLETE, and I attest and verify that I am physically fit and sufficiently trained for this event on February 26, 2017. I also understand that I must pick up at the race exposition on Saturday and Sunday of race weekend any merchandise I am ordering at the merchandise booth-and that I will not expect the race organizers to mail to me because I could not attend or I neglected to pick up. I also understand that B.A. Event Promotions will not issue any refunds for this event, but that imATHLETE will provide a full refund of my registration fee should this event be cancelled or postponed for a covered reason and not rescheduled within 90 days.

STROLLERS ARE NOT ALLOWED; HOWEVER, RACING WHEELCHAIRS ARE.

Signature/Signature of parent if under 18

Date:

All spaces must be filled out, or application will not be accepted.

Please address all checks and money orders to: B.A. Event Promotions and mail to: B.A. Event Promotions P.O. Box 2184, Hyannis, MA 02601