

## Marathon Relay Information

**Teams:** Each team will consist of a maximum of four members. The relay legs are approximately six miles. Teams are responsible for getting to the exchange points. The course is the same as the marathon course and starts at 8:00 a.m. Go to [www.spokanemarathon.us](http://www.spokanemarathon.us) for information on exchange points.

**Fees:**

- **By 9/15/15** - \$40.00 per team member with long-sleeved shirt, \$30.00 per team member without shirt
- **By 9/30/15** - \$50.00 per team member with shirt, \$40 per team member without shirt
- **After 9/30/15** - \$40.00 with no shirt.
- **Fees are not refundable.**

**Awards:** Awards will be given to the top three teams in each division: Male Team, Female Team, and ACOGON (any combination of gender or number with a maximum of four members)

**Gender specific shirt sizes:**

- Both Men's and Women's sizes come in: XS S M L XL 2XL 3XL (add \$3.00 for 2XL & 3XL)

## 2015 Marathon Relay Entry Form

**DECLARATION:** In consideration of acceptance of this entry and intending to be legally bound, I hereby for myself, heirs, executors, and administrators waive, release and discharge any and all rights and claims to damage which I may have or which may hereafter accrue to me against the Bloomsday Road Runners Club, other sponsors of this run, or respective officers, agents, representatives, successors and/or assigns, for myself in connection with my entry and/or travel to, participating in, and returning from the Spokane Marathon Relay on October 11, 2015. Realizing the dangers of using headphones, I agree I will not wear them. I agree that I will not run with a dog. I have read the above statement, I understand it, and my signature confirms its acceptance.

**RELAY TEAM INFORMATION** - Team captain should make a copy and then return the entire page. ***Each team member must sign the form.***

Team Name:		Please Circle Team Category: <b>Male</b> (4 males) <b>Female</b> (4 females) <b>ACOGON</b> (any combination of Gender or Number)				
Team Captain Name: (First/Last)	Signature (I have read & understand the Release Statement – Declaration above)	Address, City, State & Zip	Age on 10/11/15	Phone # (include area code)	M/F	Shirt Size: Please list the gender cut and the shirt size you want (ex: Women M or Men L)
Team Member #2: (First/Last)						
Team Member #3: (First/Last)						
Team Member #4: (First/Last)						

Checks made out to **Bloomsday Road Runners Club**. Team Captain should submit **one** check to: Marathon Relay, 605 W. Bradford Ct., Spokane, WA 99203

Amount enclosed: \$ \_\_\_\_\_

How did you learn about this relay? Race Rag: \_\_\_\_\_ Web: \_\_\_\_\_ Print Ads: \_\_\_\_\_ Friend: \_\_\_\_\_ Past Participant: \_\_\_\_\_ Other: \_\_\_\_\_