

RACE DAY

Bib #:

Sea Cavalcade Mile

LAST Name _____

FIRST Name _____

 MALE FEMALE AGE _____

EMAIL _____

ADDRESS _____

CITY _____

PROV _____ POSTAL CODE _____

COUNTRY _____

PHONE _____

CATEGORY:

 7&U, 8-9, 10-12, 13-15, 16-19, 20-39, 40-49, 50-59, 60-69, 70+

ENTRY FEE:

Age 17&Under: \$10 Age 18+: \$15

Family: \$30 (1-2 parents/legal guardians + 1-5 of their children age 17 & Under, all living together)

BC Athletics 'athlete' members deduct \$3.

BC Athletics # _____

Amount paid: \$ _____ chq csh dbt cc

Cheques payable to **SUNSHINE COAST ATHLETICS****WAIVER—MUST BE SIGNED BY PARTICIPANT OR PARENT/ GUARDIAN IF UNDER 19:**

In consideration of you permitting me to participate in this event, I hereby, for myself, executors, administrators and personal representatives, release the organizers of this event, their agents, PaceSetter Athletic, the Town of Gibsons, B.C. Athletics, volunteers and the event sponsors from all liability, and I waive, as against the organizers, agents, PaceSetter Athletic, Town of Gibsons, B.C. Athletics, volunteers and event sponsors, all claims of any kind whatsoever I may have for personal injuries or property losses suffered by participation in this event. I certify that I have full knowledge of the risks involved in this event and I am physically fit and able to participate, and that unless indicated to the contrary by the signature of parent/guardian below, I am 19 years or older.

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