



Universal Race Application

RACE NAME

DATE OF BIRTH

AGE ON RACE DAY

FIRST NAME

SEX

LAST NAME

T-SHIRT SIZE

No Shirt-MRA races only
Deduct \$5

ADDRESS

TELEPHONE

Cell Phone Number and Carrier
Required for SMS Text Message of
Your Personal Results

CITY

AMOUNT

STATE

WAIVER

ZIP

PARENT OR GUARDIAN IF UNDER 18

EMAIL

PACKET PICK UP

- Jacksonville Running Company
 Day Of Race

SIGNATURE

Date

By typing your name here you agree to the waiver of liability below

Waiver Of Liability

In consideration of the acceptance of my application for this event, I do hereby forever release, hold harmless and discharge MILESTONE RACE AUTHORITY, the City of Jacksonville, Duval County and the State of Florida and all race sponsors, volunteers, and employees from any and all liability for damages or injuries that I might receive during my participation regardless of who's negligence, whether due to acts of third persons or otherwise. I understand that running in this event is a potentially hazardous activity, which may cause injury or death. I certify that I am medically able and properly trained for this event. I assume all risks associated with walking and running in this event, including but not limited to; falls, contacts with other participants, the effects of weather, including high heat and / or humidity, traffic and the conditions of the road or running surface. In addition, I also 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 understand the bicycles, skateboards, roller skates / blades, baby joggers, animals and audio headsets are not allowed in this race. I also understand that in the event that this race has to be cancelled for any reason beyond the control of the race management that my entry fee will not be refunded.