

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 (Day Of Race	Company
SIGNATURE By typing your name here you agree to the waiver of liability below	Date	

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.