

MDRA Lake Johanna 4 Mile Registration Form
Saturday, March 18th, 2017

Current Member - Free

New

Renewal



Select Membership Type

Student \$20
Individual \$25
Individual 2 Year \$45
Family \$40
Family 2 Year \$75
Sustaining \$125
Family Sustaining \$150

Last Name: _____ First Name: _____

DOB: _____ (month/day/year) Race Day Age: _____ Gender: _____

Address: _____

City _____ State: _____ Postal Code: _____

Email: _____ Phone: _____

Additional Names (Family Membership Only): _____

WAIVER. In consideration of the acceptance of this entry. I, the undersigned, intending to be LEGALLY BOUND, for myself, my heirs, Executors and Administrators do hereby release Any and ALL sponsors of this race. Their representatives, successors and assigns from any and all liability arising from illness or injuries I may suffer as a result of participation in this race. I attest that and verify that I am physically fit and have sufficiently trained for the completion of this race. I understand that any sponsor may subsequently use for publicity and / or promotional purposes my name and / or photograph, video tape, motion picture and recordings of my participation in this event without obligation or liability to me. I also understand that Entry Fees are NOT REFUNDABLE. I have read the for going and certify my agreement with my signature below.

Signature

(by parent or guardian if participant is under 18)

_____ Date _____

**PRINT OUT THIS ENTRY FORM AND BRING IT TO THE RACE OR MAIL TO:
MDRA - P.O. Box 6419 Minneapolis MN 55406
(must be received by March 16th!)**

New and expired members make check payable to MDRA

For registration use only

BIB #