



HAWTHORN HALF-DAY RELAY & ULTRA TEAM ENTRY FORM

6 HOUR EVENT

May 18, 2019
6 Hours - 7am to 1pm
www.hawthornhalfdayrelay.com

The Hawthorn Half-Day Relay & Ultra has added a 6 hour race to our event located in Hawthorn Park just east of Terre Haute, IN. You can compete in one of two divisions. Team Division (3 runners) or as an individual runner. The goal is to cover as many miles as possible in 6 hours. There are custom Finisher Medals as well as Division Awards. This race takes place on a 3.1 mile loop all contained within Hawthorn Park. The loop is 75% trail and the terrain is rolling. We provide Gatorade, fruit and snacks for the runners during the event. For additional information check out our website at www.hawthornhalfdayrelay.com

TO ENTER FOLLOW STEPS 1-3

STEP 1	Choose your category (please check only one box) Male Open <input type="checkbox"/> Female Open <input type="checkbox"/> Coed Open <input type="checkbox"/> <p style="text-align: right; font-size: small;">Must have 2 females and one male to be a coed team.</p>
STEP 2	What is your team's name? <input style="width: 100%;" type="text"/>
STEP 3	Tell us how many miles your team (all runners combined) are projecting to run? <div style="text-align: right;">Total Projected Miles (all runners combined) <input style="width: 100px;" type="text"/></div>

ENTRY FEES

	<u>by 2/25/19</u>	<u>by 3/18/19</u>	<u>by 4/15/19</u>
TEAM of 3	\$125	\$140	\$155

After 4/15/19 contact us via our website regarding entry availability.

The post race meal is included for all 12 hour participants.
If you would like to pay in advance for a meal for you or your support crew, the cost is \$6.00 per person.

Make Check Payable to: Hawthorn Half-Day Relay or HHDR
Send to: Mark L. Achenbach, Attn.: HHDR 2019, 1184 N. Pointer St., Terre Haute, IN 47803

Last Name _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip Code _____ M ___ F ___

Date of Birth ___/___/___ Age on race day _____ Phone Number (____) _____-_____

e-mail address _____@_____

Emergency Contact Name and Phone # _____

T-Shirt Size S ___ M ___ L ___ XL ___ XXL ___ (Please check only one) Sleeveless Shirt Short Sleeved Shirt

Number of extra meals?
X \$6 each

Total cost for extra meals

Entry Fee	\$ _____
Extra Meal	\$ _____
Extra Shirt	\$ _____
TOTAL	\$ _____
<input type="checkbox"/> Check here if you are the Team Captain.	

USE THE LINE BELOW TO ORDER AN ADDITIONAL RACE SHIRT FOR ONLY \$12.		
T-Shirt Size S ___ M ___ L ___ XL ___ XXL ___ (Please check only one)	<input type="checkbox"/> Sleeveless Shirt	<input type="checkbox"/> Short Sleeved Shirt

Each runner is to complete an entry form. If sending separately, only the Team Captain's entry form should include a check for the total amount of the entry fee for the team.

<< Please read and sign below before submitting entry >>

I know that running a road/trail race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I 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 assume all risk associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road/trail, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I for myself and anyone entitled to act on my behalf, waive and release The Hawthorn Half-Day Relay, its directors and agents, all sponsors, their representatives and successors from all claims or arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. **NO REFUNDS. T-SHIRTS OR AWARDS WILL NOT BE MAILED.**

Signature _____ Date _____

Parent or legal guardian signature if under 18 yrs. (*) _____ Date _____

* IF YOU ARE UNDER 18 YEARS OLD YOU **MUST** HAVE A PARENT or LEGAL GUARDIAN SIGN THIS FORM

See website for additional rules for minor aged runners/teams.

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