



RELAY ENTRY FORM

The Corporate Relay and Open Team Relay are available for the Mississippi Blues Marathon only. Relay points will be at miles 5, 10, 15, 20 and 26.2. No more than five runners may participate on a relay team. Minimum age to participate in a relay event is 12. Only hardcopy applications will be accepted for the relay and payment must be by check made payable to "Mississippi Blues Marathon." Applications will not be accepted after December 18, 2009. There will be no race-day registration. Separate race packets will be provided to each individual team member.

The individuals listed below are registering as a:

- Corporate Team (all members must work a minimum of 30 hours per week for the same employer)
- Open Team

Team Captain Name (First) _____ (Last) _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Email _____ Male Female Date of Birth ___/___/___

Age on Race Day _____ (Must have parent/guardian signature if under age 18.)

Shirt Size: Small Medium Large X-Large XX-Large

Emergency Contact Name/Relation: _____

Emergency Contact Phone Number: _____

Additional Relay Team Members:

Name	Contact Information	Emergency Contact Information	T-Shirt Size (S, M, L, XL, XXL)

Team Name: _____

How did you hear about the Mississippi Blues Marathon? _____

A timing chip will be provided to the captain of each relay team. The captain will be responsible for ensuring delivery of the chip to the runner of the first stage. Chips will be transferred at marked relay points only.

REGISTRATION FEES

Relay Registration:	\$ _____
\$175 per team until 11/30/09	
\$200 per team after 11/30/09	
Donation to Mississippi Blues Foundation	\$ _____
TOTAL	\$ _____

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for liability and damages I may have against Mississippi Blues Marathon LLC (“Marathon”), Blue Cross & Blue Shield of Mississippi, a Mutual Insurance Company, its employees, agents, officers, directors, and volunteers, the cities of Jackson and Flowood, USA Track and Field, and their representatives, successors and assigns, for any and all injuries or death suffered by me in or arising from said event. I acknowledge that it is my responsibility to understand the risks associated with this event and determine whether I am fit to safely participate in and complete this event and the precautions I should take. I attest and certify that my physical condition and ability to safely participate in and complete this event have been verified by a licensed medical doctor and that I am physically fit and have sufficiently trained to participate in and complete this event. I grant to the Marathon and its sponsors and licensees the exclusive right to the free use of my name, voice and/or picture in any broadcast, telecast, advertising, promotion or other account of this event. I acknowledge that my entry fee is non-refundable and non-transferable, even if the race is cancelled. I agree that any legal claim or dispute arising out of or in any way relating to my participation in this event will be governed by the laws of Mississippi and will be adjudicated exclusively by and in the courts of Mississippi.

X _____ **Date** _____
Signature of Athlete or of Parent/Guardian (if Athlete is under 18 years of age)

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Mail entry forms to: **P.O. Box 24177
Jackson, MS 39225-4177**

Packet pick-up will be available at the Expo Thursday and Friday, January 7 & 8, 2010.