



**2017 Stafford's Top of Michigan
Community Marathon
Charlevoix-Petoskey-Harbor Springs
Saturday, May 27**

Team Relay Registration

Team Name: _____ City: _____ State: _____

Team Captain Name: _____ Phone (Day): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Team Category: (Check One) ☐ **Open (all men or mixed)** ☐ **Women**

Team Captain Certification: I understand, in my role as team manager, I am responsible for providing team members with copies of the information sent to me by race directors. I will ensure all runners for this team sign the required waiver, and that they understand the official rules for the relay event.

Team Captain signature: _____ Date: _____

- All team members must be at least 16 years of age on race day.
- Please complete all team information requested on the next page.
- Team members may be changed through 8 p.m. on Friday, May 26, 2017.
- All team members must sign the required waiver and submit the waiver to TOMTC by 8 p.m. on Friday, May 26, 2017

No Race Day Registration!

Registration Fee is \$300.00

Registration fees are non-refundable unless race cancelled by race director.

Complete and return the Team Member Information Sheet with this Team Registration Form. Team members may be changed and an updated Team Member Information Sheet provided to TOMTC Race Officials up until 8:00 p.m. on Friday, May 26, 2017.

Send check or money order, payable to **Top of Michigan Trails Council or TOMTC** with completed registration form to: TOMTC, 1687 M 119, Petoskey, MI 49770

NOTE: The next pages include Team Information forms and Waiver and signature pages (each team member must sign). Please include all pages with your team registration. If members change, submit a change form (page 6) with all required information and signatures before 8:00 pm on Friday, May 26.

Stafford's Top of Michigan Community Marathon Relay Team Member Information Form
Race date: Saturday, May 27, 2017

Team Name: _____ **Today's Date:** _____

Category: ☐ Open (all male or mixed) ☐ Female **Number of runners:** _____

Runner #1 Name: _____ **Phone (Day):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____

Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #2 Name: _____ **Phone (Day):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____

Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #3 Name: _____ **Phone (Day):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____

Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #4 Name: _____ **Phone (Day):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____

Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #5 Name: _____ **Phone (Day):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____

Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #6 Name: _____ **Phone (Day):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____

Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #7 Name: _____ **Phone (Day):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____

Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #8 Name: _____ Phone (Day): _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Gender: ☐ Male ☐ Female Age on Race Day: _____
Birth date: _____ T-Shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #9 Name: _____ Phone (Day): _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Gender: ☐ Male ☐ Female Age on Race Day: _____
Birth date: _____ T-Shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #10 Name: _____ Phone (Day): _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Gender: ☐ Male ☐ Female Age on Race Day: _____
Birth date: _____ T-Shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #11 Name: _____ Phone (Day): _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Gender: ☐ Male ☐ Female Age on Race Day: _____
Birth date: _____ T-Shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #12 Name: _____ Phone (Day): _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Gender: ☐ Male ☐ Female Age on Race Day: _____
Birth date: _____ T-Shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #13 Name: _____ Phone (Day): _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Gender: ☐ Male ☐ Female Age on Race Day: _____
Birth date: _____ T-Shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large

NOTE: Next pages include Waiver and signature pages (each team member must sign)

2017 Community Marathon Team Waiver Form

No team member will be allowed to participate in this event without signing this waiver form. The completed waiver form must be turned into TOMTC race officials no later than 8:00 p.m. on Friday, May 26, 2017.

The undersigned members of this relay team (include team name here: _____) agree to the following:

Participant Waiver Statement: I know that running a trail race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained and prepared. I know that there may be vehicles at road crossings and on the course and assume the risk of running near these vehicles. I also assume any and all other risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather including heat, cold, precipitation or humidity, and the condition of the roads or trails, including potential damage to my vehicle, if being used as the team vehicle, all such risks being known and appreciated by me.

Knowing these facts and in consideration of TOMTC's acceptance of my entry fee, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge any organization associated with this race and the local governments and police/sheriff, volunteers, and any and all sponsors including their agents, employees, assigns, or anyone else acting on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever, foreseen or unforeseen, known or unknown.

If, as a result of my participation in the 2017 Community Marathon Team Relay, I require medical attention, I hereby give my consent to authorize medical personnel of the event to provide such medical care as is deemed necessary by such authorized personnel. I further grant TOMTC full permission to use photographs, videotapes, motion pictures or any other type of recording of the event for any purpose.

I have read this waiver and certify my agreement by my signature below.

Runner #1: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #2: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #3: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #4: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Participant Waiver — Community Marathon Team Relay — Page 2

Runner #5: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #6: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #7: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #8: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #9: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #10: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #11: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #12: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)

Runner #13: Printed Name: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if under 18)



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Saturday, May 27**

Team Relay Registration Change form

Team Name: _____ **Today's Date:** _____

Category: ☐ Open (all male or mixed) ☐ Female **Number of runners:** _____

Name(s) to delete from original registration: _____

Name(s) to add:

Runner #1 Name: _____ **Phone (Day):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____
Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

Runner #2 Name: _____ **Phone (Day):** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Gender:** ☐ Male ☐ Female **Age on Race Day:** _____
Birth date: _____ **T-Shirt size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large

I have read the attached waiver and certify my agreement by my signature below.

Runner #1: Printed Name: _____

Participant Signature: _____ **Date:** _____
(Parent/Guardian if under 18)

Runner #2: Printed Name: _____

Participant Signature: _____ **Date:** _____
(Parent/Guardian if under 18)

Please submit this form to: TOMTC, 1687 M 119, Petoskey, MI 49770 on or before May 26, 2017 at 8:00 p.m.