2016 Bass Pro Shops Fitness Series
Mercy Marathon Relay Registration Form
November 6, 2016

***Relay Teams: Each relay participant must fill out a personal form.**

Team Name _____ Are you the team captain? Yes ☐ No ☐

Team Category: ☐Organizational Challenge ☐Men's Business ☐Women's Business ☐Coed Business
☐School ☐Battle of the Badges ☐Men's Family & Friends ☐Women's Family & Friends ☐Coed Family & Friends

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS/APARTMENT NUMBER _____

CITY _____ STATE/PROVINCE _____

ZIP/POSTAL CODE _____ SEX M/F _____ DATE OF BIRTH ____/____/____ AGE (ON 11/6/2016) _____ First Race with us? Yes ☐ No ☐

EMPLOYED BY BASS PRO OR TRACKER? Yes ☐ No ☐ DAYTIME TELEPHONE NUMBER _____ EVENING TELEPHONE NUMBER _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT NUMBER: _____

How did you hear about this event? ☐Event Advertising ☐Imathlete Website ☐Website Event Calendar ☐Friend ☐Other: _____

If you are running on behalf of a charity; which charity? ☐Isabel's House ☐Champion Athletes ☐Girls on the Run ☐Youth for Christ ☐JDRF ☐Options Pregnancy Clinic ☐Southwest Center For Independent Living

FITNESS SERIES ENTRY FEES

Mail-in Entry Fees ONLY. On-Line Pricing does not apply!
Checks Payable to the Bass Pro Shops Fitness Series

	Feb. 10-May 31	June 1-Aug. 31	Sept. 1-Oct. 15	Oct. 16-Nov. 2	Nov. 5-6
Relay Team	$190	$200	$210	$220	$220

Total Amount Enclosed $

TECH SHIRT SIZE (CIRCLE ONE)

Marathon Relay Tech Shirt

Men's				
S	M	L	XL	XXL

Women's				
S	M	L	XL	XXL

Every attempt will be made to accommodate your request, but sizes cannot be guaranteed. Late registrants are not guaranteed a shirt. NO EXCHANGES.

Release and Waiver of Liability Agreement:

In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs and assignees waive any/all claims for any damages which I may have against Bass Pro Shops Outdoor World, Ultramax Timing Systems, Springfield-Greene County Parks and Recreation, Ozark Greenways and Wonders of Wildlife, any and all race sponsors and organizers, and/or their employees, for any injuries and illness suffered by me in this event, including those which may be attributable to weather conditions. I attest and verify that I am physically fit and have sufficiently trained for the competition of this event. I have read the entry information provided and certify my compliance by my signature below. (Parent or Legal Guardian must sign if entrant is under 18 years of age.) **Bass Pro Shops will be videotaping and photographing portions of the events for documentation and promotional purposes. By signing the registration form you give your consent to be filmed as a part of this event.

_____ _____
Signature of Participant *Date*

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

WAIVER MUST BE SIGNED TO BE PROCESSED

To pay with credit card, please complete this section:

Credit Card Type: ☐VISA ☐MasterCard ☐Discover ☐Amex

Card Account number: _____

Expiration Date ____/____ Security Code _____

Card Holder's Name: _____

Card Holder's Signature: _____

OFFICE USE ONLY-Payment Type: _____
Date Entered: _____

Mail completed entry form with entry fee to:
Attn: Bass Pro Shops Fitness Series, 1935 S. Campbell, Springfield, MO 65807

REGISTRATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE

FITNESS.BASSPRO.COM