

REGISTRATION FORM: MACo SPLASH DASH 5K



August 17, 2017 | 6:30 am—8:00 am | Ocean City, MD | www.mdcountries.org/MACoCon

COUNTY TEAM: _____

CHARITY: _____

COUNTY TEAM RACE PARTICIPANTS

Through 7/14/2017 After 7/14/2017

MACo Members ONLY—Team of 3 (fee is per team, not per participant)

—Must complete gold box above and the 2 on the next page

\$45

\$55

Each Maryland county may enter ONE TEAM (as determined by County Executive, Administrator or Manager) and unlimited county officials and professionals.

The average race time of the official county team will be used to determine which county team receives the \$5,000 prize to give to a charity in their county.

Total Due: _____

Cancellations/Changes and Refunds: Fees will be refunded, less a \$5.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than July 14, 2017. After that date, fees are non-refundable. All refunds will be processed after August 20, 2017. Substitutions are allowed at no charge.

PAYMENT METHOD Check or Money Order payable to **MACo**. Your confirmation/receipt will be emailed to the email address on this form.

Please check appropriate box: Check VISA MasterCard (American Express not accepted)

Card #: _____ Security Code: _____ Exp. Date: _____

Billing Address (Street, City, State, and Zip Code—**REQUIRED**): _____

Signature _____ Print Cardholder Name: _____

Questions? avalliant@mdcountries.org. Phone: 410.269.0043 FAX: 410.268.1775

Please mail or fax completed registration form with payment to: MACo, Attn: Allison Valliant, 169 Conduit Street, Annapolis, MD 21401

RACE PARTICIPANT INFORMATION (please complete next page for additional racers)

Name: _____ Nick name for badge: _____
First MI Last

COUNTY TEAM: _____ Job Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Twitter Handle: _____

Emergency Contact Name and Telephone: _____

Participant Age as of Aug 17, 2017: _____ Gender: _____

T-Shirt Size:

Adult-XS Adult-S Adult-M Adult-L Adult-XL Adult-XXL Youth-XS Youth-S Youth-M Youth-L Youth-XL

WAIVER: I know that running and walking in competition is a strenuous and potentially hazardous activity. I understand and assume all risks associated with participating in this event including, but not limited to, falls, contact with other participants, race officials, volunteers, spectators, sponsors or race directors or any of their staff or bystanders, the effects of weather, including snow, ice, rain, heat and/or humidity, traffic, altitude, road and surface conditions, all risks being known and appreciated by me. Having read this waiver and knowing these facts, and in considering your accepting my entry, I, for myself (or on behalf of my minor child), my heirs, and anyone entitled to act on my behalf, waive and release the Maryland Association of Counties, the Town of Ocean City, the State of Maryland, OC Tri-Running, Sponsors, the employees, officers, agents and directors of these organizations, and any other organization or individual associated with this event and representatives and successors before, during, and after the event, from all claims or liabilities of any kind, but not limited to death, personal injury, or property damage arising out of my participation in the MACo 5K Fun Run/Walk, even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness prior, during, and/or after the race resulting from my participation in the event. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of the event for any legitimate purpose.

I agree to the above waiver: _____ (signature required)

MACo Office Use Only

Date Paid _____ Check or PO Number _____ Amount _____

RACE PARTICIPANT INFORMATION for COUNTY TEAM

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First MI Last

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RETURN THIS FORM TO ALLISON VALLIANT by email: avalliant@mdcounties.org or fax: 1-410-268-1775