

THE BIG DIPPER

A FOUR-MILE TRAIL RACE

SATURDAY, JULY 13TH, 2019 | 6PM | MESSIAH COLLEGE

RACE REGISTRATION

ONLINE AT [TINYURL.COM/THEBIGDIPPER](https://tinyurl.com/thebigdipper)

PRE-REGISTRATION ONLINE **\$25** BEFORE JULY 2 | DAY OF RACE REGISTRATION **\$33**

NAME	_____	SEX	M	F		
EMAIL	_____	TANK TOP SIZE	S	M	L	XL
ADDRESS	_____					

WAIVER I am aware that participation in a trail race is a potentially dangerous activity. I certify that I am in good physical condition and am fully able to participate. I assume all risk incident to the my participation and release Messiah College, its employees, agents, officers and volunteers from all liability, claims, expenses, and actions which may arise from injury or harm as a result of participation. In the event of a medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary), and release Messiah College from any liability for injury or harm to myself, which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that I am covered by adequate medical insurance.

UNDER 18 The participant named above has my permission to participate in the designated The Big Dipper. I understand that participation may involve physical activity, which could result in injury. I certify that the participant is in good physical condition and is fully able to participate. I assume all risk incident to the child's participation and release Messiah College, its employees, agents, officers and volunteers from all liability, claims, expenses, and actions which may arise from injury or harm to the child as a result of participation. In the event of a medical emergency, I authorize Messiah College to designate a physician or hospital or emergency personnel to provide medical care (including hospitalization, if necessary) to the child, and release Messiah College from any liability for injury or harm to the child, which may result from this medical care. I understand that responsibility for payment for such medical care will be mine and certify that the child is covered by adequate medical insurance.

SIGNATURE _____
[PARENT OR GUARDIAN, IF UNDER 18]

Please mail completed form and cash or check made payable to "Messiah College" to:
Joel Zeigler, 16 East Portland Street, Mechanicsburg, PA 17055