

HAIRY GORILLA HALF MARATHON – TEAM APPLICATION

Mail to: HGH Teams c/o AREEP, PO Box 38195, Albany, NY 12203

TEAM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE INDICATE YOUR TEAM'S CATEGORY

All Female

All Male

Coed (At least 2 scoring women)

TEAM INSTRUCTIONS

Below, please write **legibly and in ALPHABETICAL ORDER BY LAST NAME** the names, sex, and age of the runners who will participate on your team. You may list up to seven runners, with five counting towards scoring. The lowest combined time wins in each category listed above.

Note: Each participant must be individually registered prior to or with this team application. If we receive this form with a name not in our entry listing, they will not be placed on the team. There is no additional fee for a team.

| OFFICIAL USE ONLY | FIRST NAME | LAST NAME in ALPHA. ORDER | AGE (on RACE DAY) | SEX |
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By signing below, the team contact person accepts the inherent risks of competing in a trail race, which include severe injury or death. In addition to signing the individual application waiver, the team contact person waives and releases any claims for damages against the Albany Running Exchange, Thacher State Park, as well as all other entities and individuals associated with this event as a result of his/her team's participation.

SIGNATURE: _____ DATE: _____

(The team contact person must be least 18 years old.)