

THE THIRD MARATHON RELAY ROAD RACE

JANUARY 1, 2004 6:00 a.m.

St. Croix, United States Virgin Islands



**Entry Fee: \$60.00
per team
Awards to Top Teams**

East end to Fort Frederik

- This event is open to all runners with no limit to competition level. If you are under 18 years of age your parent or guardian must give permission and sign entry form (see reverse for race instructions)
- **Teams = 6 runners per team/Legs**—5k (3.1 miles), 10k (6.2 miles), 5k (3.1 miles), 10k (6.2 miles), 5k (3.1 miles), 7k (4.47 miles) a total of 26.2 miles
- **NetPace Team**—Teams made up of runners who do not reside in the Virgin Islands or will not be in St. Croix for the race. To compete, these runners must submit a time for each runner in the correct sequence for the distance completed via email or regular mail from the date the entry form is submitted to midnight December 31, 2003 (distance can be completed by each runner on the team anywhere each is located in the world except the U.S. Virgin Islands).
- **DreamTeam**—To enter as a DreamTeam, each runner may submit the best times they have ever run in their lives for the selected distance. Must be emailed or postmarked not later than December 31, 2003
- Organized by: **The Virgin Islands Pace Runners**
- Sanctioned by: **The Virgin Islands Track & Field Federation**

RELEASE—WAIVER—STATEMENT OF FITNESS

I entering this footrace, hereby attest that I have trained adequately for and am in proper physical condition as ascertained by a licensed physician, to run 3.1 to 6.2 miles in high heat and humidity with limited traffic control on public roads. I further release all sponsors and volunteers from all claims resulting from loss, injury or illness resulting from my participation in this race and give permission to use my name and/or picture in any account of this race.

PRINT NAME: _____ AGE: ___ SEX: ___ FEDERATION# _____

MAILING ADDRESS: _____ PHONE: _____

YOUR ORGANIZATION, SCHOOL, CLUB: _____ E-mail address: _____

COUNTRY OF RESIDENCE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF YOU ARE UNDER 18 YEARS OF AGE:

_____ DATE: _____

Team Name: _____

Team members: 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____