





Sunday, OCTOBER 11th, 2020

BANGOR WATERFRONT & VIRTUAL Race

Name: ______ DOB: _____

Address:	c	Contact #	
T-shirt size: S M L XL XXL Individual (pre-register \$30/race d			
High School/College Team (\$20 ea	ch member) Donation	n Amount:	
Team Name:		*****Virtual Participant ONLY	_
Email:			
Emergency Contact:	Emergency Contact #:		
Amount Enclosed:	Check#:	Cash:	
Make checks payable to The Purple Iris Foundation Mail completed forms to Purple Iris Foundation, 418 Sout	th Main Street #9, Brewer, ME 04412		
By indicating your acceptance, INCOMPLETE OR UNSIGNED ENTRY FOUNTIER of the legally bound, and do here damages which may have or which may tion, and their sponsors for the event which may be sustained and suffered by as mentioned above. If I should suffer it me transported to a medical facility, and fit and have sufficiently trained for the foregoing to use any photographs, vide purpose. I HAVE READ THE ABOVE RELEYOU must be over 18 years of age OR the pare and/or mentally challenged person in order to as	RMS WILL NOT BE ACCEPTED by, for myself, my heirs, exectly hereinafter accrue to me as thich I am entering, any substitutes, successors, assigns, and me in connection with my as injury or illness, I authorize and I take full responsibility for completion of the event. I heretapes, motion pictures, receased and UNDERSTAND THAN INCOMENTAND THAN INCOMENTAL BUT INCOMENTAND THAN INCOMENTAND THAN INCOMENTAND THAN INCOMENTAL BUT INCO	ED. In consideration of my entry being cutors, waive and release all rights and against The City of Bangor, the Purple II idiary or political division thereof, their nd sponsors for any and all damages association with entry or participation in officials of the race to use their discretive this action. I attest and certify that I ambereby grant full permission to any and cordings or any other record of this event of the EVENT AT MY or 18 years of age OR the legal guardian of an interest of the second of the legal guardian of an interest of the second of the legal guardian of an interest of the le	accepted, I I claims for ris Founda- respective or injuries n the event on to have n physically d all of the ent for any OWN RISK.
Signature/Guardian		Date	