



# YUMA TERRITORIAL MARATHON & 1/2 MARATHON

PRESENTED BY: CABALLEROS DE YUMA, INC

## TEAM RELAY MARATHON REGISTRATION FORM

Saturday, January 27, 2024 at Cocopah Casino & Resort

The team relay is a 4-member relay during which each member runs one leg of the marathon course. One entry form is required per team. Team captains are to complete and return the entry form with each team member's information and signature.

Team Name: \_\_\_\_\_ Team Captain: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Company or Organization: \_\_\_\_\_

Leg	Team Member Name	M or F	Birthdate	Age	Email Address	Shirt Size S M L XL
1						
2						
3						
4						

### Fee Schedule

### Payment

**Prior to 10/31/23** \$150  
**Prior to 11/30/23** \$200  
**After 12/01/23** \$250  
**Military/First Responders\*** \$125

Payment Amount  Check Number

\*Requires all team members be active military/first responder or immediate family members of active duty/first responder with at least one active duty/first responder participant.

**Student Teams:** Teams in which all participants are Students (HS/College) are eligible for student team discount of \$50.00 entry fee reduction.

### OR Pay by Credit Card

Visa      Mastercard      Discover      AMEX

Credit Card Number

Name on Card

Exp Date  CVC Code

### **Return Completed Forms To:**

**Caballeros de Yuma** Phone: (928) 343-1715  
**P.O. Box 5987** Fax: (928) 782-1609  
**Yuma, AZ USA 85366** [www.yumamarathon.com](http://www.yumamarathon.com)

Waiver: I represent and warrant that I am physically fit and capable of participating in the Yuma Territorial Marathon. I have properly trained for the event in which I have elected to run. I accept full responsibility for myself and for any injury I may incur during the Yuma Territorial Marathon. I fully understand that participating in this event may be dangerous to my health given the nature of running in a marathon. I fully understand that there may be no medical or emergency personnel on the course. I am aware that there may be high-speed vehicles on roads and at road crossings along the course. I am also aware that as with any marathon course there are numerous conditions on the course, which may be hazardous. I agree that in exchange for my participation in the Yuma Territorial Marathon and Half Marathon as a participant in the Team Relay that I will not hold any of the organizers, land owners, Caballeros de Yuma, Cocopah Indian Tribe, City of Somerton, Town of Gadsden, City of San Luis, Yuma County, or any event volunteers responsible for any injuries that I may incur while participating in the Yuma Territorial Marathon and Half Marathon. I agree to withdraw from the marathon if the team does not reach the full marathon turnaround by 10:00 a.m. I agree to withdraw from the event if so instructed by a race official. I grant the race organizers the free use of my name and any photos or videos of me for any use related to the race as they see fit. I acknowledge that the entry fee is not refundable, even if the race is canceled for any reason without limitation. **Course will close at 1:00 p.m. at which time all runners will be required to vacate the course.**

### **Team Member Name / Signature Below (If Minor, Please have Guardian Print & Sign Below):**

1. \_\_\_\_\_ Date \_\_\_\_\_ 2. \_\_\_\_\_ Date \_\_\_\_\_  
 3. \_\_\_\_\_ Date \_\_\_\_\_ 4. \_\_\_\_\_ Date \_\_\_\_\_