

2022 Prince Edward Island Marathon



SUBARU
OF CHARLOTTETOWN

Team Relay Registration Form



The team relay take place along the Marathon course where teams of up to 8 members complete the distance by running or walking the various legs of the course.

To register a team, please complete the Team Registration form. Your team will be registered once your registration form and payment instructions are received. This form must be fully completed and returned no later than September 30th, 2022

TEAM INFORMATION

Company/Organization Name: _____

Team Name: _____ Team Captain Name: _____

Address: _____

City: _____

Prov./State: _____ Postal/ Zip Code: _____

Phone (day): () _____ Phone (eve): () _____

Email: _____ Fax: () _____

Payment Information

My total payment is \$ _____

Please note that a processing fee of \$3.00 has been added to all registrations.

I wish to pay by: Visa MasterCard Cheque (enclosed) Please send an invoice

Card No. _____ Expiry _____

Signature _____ CVC _____

Please Note: A confirmed & paid registration can be cancelled for any reason up to midnight Friday, September 30th, 2022 and carried forward to the 2023 race calendar year. Sorry, confirmed registration will not be refunded.

Event Date
October 16th, 2022

Registration Fee
\$500.00 (HST Included)

Please make cheque payable to: PEI Marathon Inc.
Please mail or drop cheque off to: 40 Enman Cres
Suite 220
Charlottetown, PE
C1E1E6

Any questions please contact our office:
P) 902-316-2299
F) 902-368-4548
Email: mitch@peimarathon.ca

Cancellation Policy:
If your team is unable to participate in the relay event, please notify the PEI Marathon by midnight on Friday September 30th to have your registration deferred to the event in 2023. Sorry, no refunds will be offered. Deferrals are only valid for 1 year.

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Team Relay Registration Form

Team captains please complete and return the team member information below, along with **member signatures, acceptance of the event waiver and shirt size** no later than September 30th, 2022

Team Name: _____

Team Captain: _____

Company/Organization: _____

Leg	First Name	Last Name	Sex: M/F	Medical Information	Email Address	Date of Birth	Tee Size
1*							
2							
3							
4							
5							
6							
7							
8*							

* Please note: The team member completing the first & last leg of the Subaru of Charlottetown Team Relay must be wearing their bib & chip on the front of all their clothing for an official team time to be registered.

Waiver (each team member MUST sign below to participate)

I recognize and understand the risks associated in the Full Marathon or Half Marathon or 10KM race or 5KM race or Team Relay or Wheelchair race. I hereby affirm that I have trained for and am physically capable of completing the Prince Edward Island Marathon Inc., such races being conducted under the auspices of the Prince Edward Island Marathon Inc. organization, a registered not-for-profit entity in the Province of Prince Edward Island. I consent to receive medical treatment, which may be advisable in the event of illness or injury suffered by me during this event. I agree to comply with the rules, regulations and instructions of the Prince Edward Island Marathon Inc., and in consideration of acceptance of this entry by the Prince Edward Island Marathon Inc., I, for myself and anyone entitled to act on my behalf, waive and release any and all claims for injuries or damages I have against the Prince Edward Island Marathon Inc., its directors and employees, any and all municipalities associated with the event, the province of Prince Edward Island, race volunteers, sponsors and/or their agents and representatives, caused by the negligence of any of them arising out of my participation in this event, including pre and post-race events. *In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.* **I hereby agree that all photographs, video or any images taken by the employees, directors, representatives or agents of the Prince Edward Island Marathon Inc. are property of the Prince Edward Island Marathon Inc.**

	Team Member Name (print)	Signature	Date
1			
2			
3			
4			
5			
6			
7			
8			