Intramural Monster Dash 3K

October 22, 2025

Participant Information:

- First & Last Name: _____
- Email: _____
- Phone Number:_____
- University Affiliation:_____
- Bib Number (Assigned at Check-in): _____

Race Details:

- Time (Recorded at Finish Line):_____

Acknowledgment & Consent: I acknowledge that participating in the 3K race involves inherent risks, and I accept full responsibility for my participation. I agree to abide by the race rules and regulations.

Signature: _____

Date:_____

Instructions:

- Please print clearly and provide accurate contact details.
- Ensure the bib number is assigned at check-in.
- Submit this form upon registration.

UMBC RECREATION