



Application for Road Running Record

Record applied for

Distance: _____ Age Group: _____ Male / Female

Athlete Information

Name of Competitor: _____

Address: _____

Email: _____ Phone: _____

Date of Birth: Day: ____ Month: ____ Year: ____ BC Athletics Membership Number: _____

Race Information

Name of Race: _____

Race Date: Day: ____ Month: ____ Year: ____

Location: City: _____ Province: ____ Country: _____

Race Sanctioning Body: _____ Course Certification Number: _____

Start / Finish Separation: _____ Net Elevation Drop: _____

Result

Gun Time: Hours: _____ Minutes: _____ Seconds: _____

Overall Position: _____ Position within Age Group: _____

Timing Method Used: _____

RACE DIRECTORS AFFIDAVIT

To the best of my knowledge and belief:

- 1) The race was run over the course corresponding to the certification number above and was in all respects accurately measured. The course was verified on race day to ensure that all cones and barricades contained in the race certificate were in place and the start, finish and any turnaround points were correctly positioned.
- 2) There is no reason to doubt that the above athlete ran the full course as measured.
- 3) The time recorded for the athlete is accurate (i.e. the timer was accurate and there is no reason to doubt that the above time was correctly assigned to the above athlete.)
- 4) There is no reason to believe that the athlete was unfairly aided (e.g. illegal assistance from another competitor, pacing by a non competitor, bicycle, vehicle etc.
- 5) In general the times of athletes competing in the race were consistent with their normal level of performance on a flat, non wind aided course.

If the race director has any comments, concerns, or reservations in answering affirmatively to the above please comment on the back of this form.

SIGNED _____ RACE DIRECTOR

NAME & ADDRESS _____

EMAIL _____ PHONE _____ DATE _____

