



Kid's Marathon

$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile	$\frac{1}{2}$ Mile
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Use this handy tracker to track your mileage in preparation for running 1.2 miles on Saturday May 27th 2017.

This is a free event if you are signed up by May 25th. There is a \$5 fee if you sign up after 5/25/17. Fill out the form below and send it to:

Med City Kids Marathon
 1621 North Broadway
 Rochester, Mn 55906

Childs First Name: _____ Last Name: _____

Age: ____ Grade _____ School _____

Parents E-Mail: _____

Emergency Contact number _____

Waiver: I know that running a road race is a potentially hazardous activity, which could cause injury or death. My child should not enter and run unlesshe/she is medically able and properly trained, and by my signature below, I certify that my child is medically able to perform this event, is in good health, and is properly trained. I agree to abide by any decision of a race official to deny or suspend his/her participation for any reason whatsoever. I assume all risks associated with my child running in this event, including, but not limited to, the following: falls, contact with other participants, the effects of the weather, including extreme cold, traffic, and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race, and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my childs entry, I, for myself and anyone entitled to act on my behalf, waive and release A Child's Kingdom, the City of Rochester, the County of Olmsted, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my childs participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

signature _____
 Parents signature _____