

Registration Form

05:24:15



First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

(for race communication only – Med-City Marathon will not distribute or sell emails)

Phone Number _____

M F

/ /

XS S M L XL XXL

Gender

Age

Date of Birth

T-Shirt Size

Mens and womens cuts this year- technical shirts

Race Divisions: Individual Relay (If Relay) Team Name: _____

Team Person #2 (name, shirt size, and gender) Team Person #3 (name, shirt size, and gender) Team Person #4 (name, shirt size, and gender)

Event	By 10/20	10/21-12/31	1/1-2/28	3/1-4/15	After 4/15
Marathon	\$60.00	\$70.00	\$75.00	\$80.00	\$85.00
1/2 Marathon	\$50.00	\$60.00	\$70.00	\$70.00	\$75.00
Relay	\$130.00	\$130.00	\$140.00	\$150.00	\$160.00
20 Mile	\$30.00	\$30.00	\$35.00	\$40.00	\$40.00
Adult 5K Run/Walk	\$30.00	\$30.00	\$35.00	\$40.00	\$40.00
Youth 5K Run/Walk	\$25.00	\$30.00	\$35.00	\$40.00	\$40.00

Circle Event: Marathon Relay Marathon Half Marathon 20 Miler 5K

Amount Enclosed: US\$ _____ *(Race fees are non-refundable; bib numbers are non-transferable)*

Make check (no credit cards allowed) payable in US\$ to: Med City Marathon Mail To: Med City Marathon

**940 Somerby Pkwy NE
Byron, MN 55920**

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that the Med City events are a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and dehydration. I hereby assume all the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in the Med City Marathon, and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and the responsibilities at said event. In consideration of my application and permitting me to participate in these events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSON(S): Med City Marathon, Inc., Final Stretch, Inc, Final Timing, Inc, their directors, employees, volunteers, Event Organizers and Promoters, Sponsors, Advertisers, Host Cities, Local Organizing Committees, Venues and Property Owners upon which the Event takes place, Law Enforcement Agencies and other Public Entities providing support for the Event, and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (Individually and Collectively, the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature ("Liability") which may arise out of, result from, or relate to my participation in the Event, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law: I hereby certify that I have read this document; and, I understand its content.

Participant Signature _____ Date _____

Parent/Guardian Signature *(if under 18)* _____ Date _____