

Registration Form

May 27-28 2017



First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

(for race communication only, will not be sold)

Gender: circle one F M Age on race day _____ Date of birth _____ T-shirt Size S ___ M ___ L ___ XL ___ XXL ___

Men's and women's sizing technical T's

Race Division ~ Individual _____ Relay _____

If relay team name _____

Relay runner #2 name, gender, tshirt size _____

Relay runner #3 name, gender, tshirt size _____

Relay runner #4 name, gender, tshirt size _____

Circle the event you will be participating in:

Marathon Half 20 mile Relay 5k

Event Name	Event Type	Until Dec 31, 2016	Until Feb 28, 2017	Until April 15, 2017	Until May 24, 2017
Med City Marathon	Marathon	\$ 65	\$ 75	\$ 80	\$ 85
Med City Half Marathon	Half Marathon	\$ 55	\$ 65	\$ 70	\$ 75
Med City Marathon Relay	Marathon	\$ 130	\$ 140	\$ 150	\$ 160
Med City 20 Miles	20 Miles	\$ 45	\$ 50	\$ 55	\$ 60
Med City 5K	5K	\$ 25 Youth : \$ 20	\$ 30 Youth : \$ 25	\$ 35 Youth : \$30	\$ 40 Youth : \$ 35

Amount enclosed \$ _____ Make checks payable to: Med City Marathon Race fees are non-refundable

Mail to:

Med City Marathon
940 Somerby Parkway
Byron, MN 55920

Waiver: I know that running a road race is a potentially hazardous activity, which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature below, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with 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 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 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 _____

(Parent's signature if under 18 years of age)