

RELAY TEAM ENTRY

SECTION IV

Relay Team Name (required): _____

Number of Runners on Relay Team (minimum 3, maximum 4): 3 4 Relay Gender Category (check one): Male Female Mixed

Relay Age Category (check one): Open Masters (40 & older) High School (team must be comprised of full time H.S. students)

1. Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender (check one): Male Female Phone: () _____ Email: _____

Birth Date (MM/DD/YY): _____ **Age on Race Day:** _____ Adult T-Shirt Size: S M L XL XXL

I have read and agree with the Waiver (on reverse side): Signature: _____ Date: _____

If entrant is under 18: Parent/Guardian has read and agrees with Waiver (on reverse side) Signature: _____ Date: _____

2. Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender (check one): Male Female Phone: () _____ Email: _____

Birth Date (MM/DD/YY): _____ **Age on Race Day:** _____ Adult T-Shirt Size: S M L XL XXL

I have read and agree with the Waiver (on reverse side): Signature: _____ Date: _____

If entrant is under 18: Parent/Guardian has read and agrees with Waiver (on reverse side) Signature: _____ Date: _____

3. Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender (check one): Male Female Phone: () _____ Email: _____

Birth Date (MM/DD/YY): _____ **Age on Race Day:** _____ Adult T-Shirt Size: S M L XL XXL

I have read and agree with the Waiver (on reverse side): Signature: _____ Date: _____

If entrant is under 18: Parent/Guardian has read and agrees with Waiver (on reverse side) Signature: _____ Date: _____

4. Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender (check one): Male Female Phone: () _____ Email: _____

Birth Date (MM/DD/YY): _____ **Age on Race Day:** _____ Adult T-Shirt Size: S M L XL XXL

I have read and agree with the Waiver (on reverse side): Signature: _____ Date: _____

If entrant is under 18: Parent/Guardian has read and agrees with Waiver (on reverse side) Signature: _____ Date: _____

Medical Problems for any member of Relay Team that Official Should Be Aware Of: _____

Send or fax completed entry form with appropriate payment to:

Arthritis Foundation
Upstate New York Chapter
3300 Monroe Avenue, Suite 319
Rochester, NY 14618
Phone: (585) 264-1480 / Fax: (585) 264-1517

2010 MVP HEALTH CARE ROCHESTER MARATHON - REGISTRATION FORM

There will not be any "day of" registration at Frontier Field on Sunday, September 12, 2010.

To register On-Line: go to www.active.com or www.rochestermarathon.com

EVENT: (check one) Marathon Half Marathon Marathon Relay (must fill out back side of page)

Individuals: Please fill out Section I, II & III **Relay Teams:** Please fill out Section II, III & IV

SECTION I

Last Name: _____ First Name: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____ Country: (if not USA) _____ Phone: () _____

Email: _____ Birth Date (MM/DD/YY): _____ Age on Race Day: _____

Will you be competing in a wheelchair? Yes No Adult T-Shirt Size: S M L XL XXL

Medical Problems Officials Should Be Aware Of: _____

SECTION II

I have read and agree with the Waiver (below):

ALL INDIVIDUALS AND RELAY TEAM MEMBERS MUST SIGN THIS WAIVER TO PARTICIPATE!

Signature _____ Date: _____

Parent/Guardian (if entrant is under 18) _____

WAIVER: I am aware that running or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the marathon. I also agree to abide by the decision of the Race Director to cancel the race in the event of potentially dangerous weather conditions. In the event that the race is canceled due to potentially dangerous weather conditions, all organizations involved with the race are waived and released from responsibility for individual safety on the course. In addition, due to the expense incurred by the Arthritis Foundation in executing this event, I understand that in the unlikely event of a cancellation, I will not receive a refund for my entry fee. I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors, and any other participating agencies with respect to any personal loss, illness, bodily injury or death resulting from participating in these activities. I assume all risks associated with participating in this event, including, but not limited to, falls, contact with other participants, effects of weather, including high heat or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. 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 the Rochester Marathon, and its race officials, the Arthritis Foundation, the municipalities through which the race is run, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I understand that having someone on the course aiding me in any way will disqualify me from winning prize money. I also understand that because this is a USATF Sanctioned race but not a USATF Championship race, USATF rules permit the use of portable listening devices that are not capable of receiving outside communication. I further understand that this is a road race conducted under the rules of the USATF. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that any entry fees are non-refundable. I understand that the race takes place on public roads and highways that are not closed to traffic, and due to insurance regulations individuals with baby strollers, dogs or other animals on leashes, un-authorized bicycles, skateboards, or other motion implements are not permitted. Entries received without proper signature or payment will not be processed. All entrants must be a minimum of 13 years of age to participate in the half-marathon, and 16 years of age to participate in the full marathon. A PARENT/GUARDIAN SIGNATURE IS REQUIRED IF ENTRANT IS LESS THAN 18 YEARS OF AGE. ALL INDIVIDUALS AND RELAY TEAM MEMBERS MUST SIGN THIS WAIVER TO PARTICIPATE!

SECTION III

Payment: I've enclosed my entry fee in the amount of \$ _____ **OR**
 Please waive my entry fee, I am Fundraising (raise a minimum of \$100 for the Full; \$75 for the Half; \$200 for Relay Teams)

Payment Method: Check made payable to: Arthritis Foundation
 Payment by Credit Card: (check one) MC Visa AmEx

Credit Card Acct# : _____ Exp. Date: _____

Name on Card: _____ Authorized Signature: _____

FULL MARATHON	Before 7/31/10	8/01/10 – 8/28/10	After 8/28/10
Entry Fee	\$60.00	\$70.00	\$80.00
HALF MARATHON	Before 7/31/10	8/01/10 – 8/28/10	After 8/28/10
Entry Fee	\$50.00	\$55.00	\$65.00
RELAY TEAM	Before 7/31/10	8/01/10 – 8/28/10	After 8/28/10
Team Entry Fee	\$120.00	\$160.00	\$180.00

RELAY TEAMS PLEASE FILL OUT REVERSE SIDE.