



Waiver for Early Departure

Please send completed form with \$5.00 check made payable to:

Arthritis Foundation
 Upstate New York Chapter
 3300 Monroe Avenue, Suite 319
 Rochester, NY 14618

**There will be a \$5.00 administrative fee for all Early Departure Requests.
 You must submit your \$5.00 payment & this waiver together.
 All requests must be submitted by September 14, 2011 (no exceptions)**

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 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 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 this is a road race conducted under the rules of the USATF.

I acknowledge that I am starting the event earlier than the designated starting time, and as a result I am starting before some or all traffic on roads on the course is closed or restricted, before all police and road marshals are in place, and before all aid and water stations are available. I understand that this may pose a greater hazard to me. I agree to take extra precautions due to the limited or lack of traffic controls and security at this earlier time.

I understand that the race takes place on public roads and highways that are not closed to traffic, and due to insurance requirements, individuals with headphones, ipods, baby strollers, dogs or other animals on leashes, un-authorized bicycles, skateboards, or other motion implements are not permitted.

I further understand that even if my finish time qualifies me for a prize, I am not eligible for it.

Entries received without proper signature or payment will not be processed. All entrants must be a minimum of sixteen (16) years of age to participate in the marathon. **ALL INDIVIDUAL AND RELAY TEAM MEMBERS MUST SIGN THE WAIVER TO PARTICIPATE!**

| | |
|---|------------|
| _____ | Date _____ |
| Signature of Participant | |
| _____ | Date _____ |
| Signature of Parent of Guardian (if under 16) | |

Arthritis Foundation Use Only

Date Received _____

Pymt Verified _____

Authorized by _____