



2012 MVP HEALTH CARE ROCHESTER MARATHON
REGISTRATION FORM



There will not be any "day of" registration at Frontier Field on Sunday, September 23, 2012.

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: (please print clearly, your confirmation will be sent to this address): \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

Will you be competing in a wheelchair? [ ] Yes [ ] No Tech Shirt Size: [ ] S [ ] M [ ] L [ ] XL [ ] XXL (Full & Half receive Tech Shirts; Relay receive Cotton T-Shirt)

Medical Problems Officials Should Be Aware Of: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

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.

Changes in entries: You will be allowed to transfer your 2012 entry fee to the 2013 event for a \$10.00 processing fee; you may switch between events for a \$10.00 processing fee or you may choose early departure for a \$5.00 processing fee (all these requests must be made by 9/14/12 and be done in writing, no exceptions).

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 \$ \_\_\_\_\_

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: \_\_\_\_\_

Table with 4 columns: Race Type, Time Period, Fee Before, Fee After. Rows include Full Marathon, Half Marathon, and Relay Team fees.

RELAY TEAMS PLEASE FILL OUT REVERSE SIDE.

# 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

In Case of Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

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

In Case of Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

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

In Case of Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

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

In Case of Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

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, fax or scan 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 / E-Mail: [jmaclean@arthritis.org](mailto:jmaclean@arthritis.org)