

2016 WHITEFISH POINT MARATHON REGISTRATION FORM

Participant Information –Please print clearly.

First Name _____

Last Name _____

Gender Male Female

Date of Birth _____

Email Address _____

Day Phone _____

Country _____

Address _____

City _____

State _____ ZIP Code _____

Emergency Contact Name _____

Emergency Contact Phone _____

Please list any medical/health concerns on the back of this form.

How did you hear about this event?

Registration Fee: \$50.00

A \$5.00 Discount is available to members of UPRRC, 50 States Marathon Club, or Marathon Maniacs. Only one membership may be applied. Please include the appropriate verification of your membership with the mail in form.

Circle your T-shirt size?

Small Medium Large Extra large

WHITEFISH POINT MARATHON RELEASE FORM

I know that running a road race is a potentially hazardous activity that might cause personal injury or even death. I attest and verify that I am medically able and properly trained to enter and to complete this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all the risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and conditions of the road/bridges, all such risks being known and appreciated by me. In consideration of the Whitefish Point Marathon, its sponsors, agents, servants, representatives, licensees, contractors, successors, and assigns organizing and conducting the Whitefish Point Marathon (Road Race) held on **June 11, 2016**, and allowing me to participate and run in said race. I hereby waive, release and discharge forever said Whitefish Point Marathon and its sponsors, agents, servants, representatives, licensees, contractors, successors, and assigns from any and all claims, demands, rights and causes of action of whatsoever kind and nature arising, directly or indirectly, from any and all known and unknown, foreseen and unforeseen, bodily and personal injury, damage to property, and the consequences thereof resulting from my running and/or participating said Road Race, and Covenant Not to Sue for any said injuries and/or damage. I understand all entries are final, with no refunds, and that the race organizers reserve the right in the event of an emergency or local or national disaster to cancel the race or to change the day and/or time of the event and that there is no refund of entry fees. I give permission for the use of name and/or picture for any broadcast, telecast or other account of this event.



SIGNATURE

DATE

All forms must be signed - incomplete, unsigned forms will not be accepted.

Mail your completed and signed form to Whitefish Point Marathon, PACC, PO BOX 82, Paradise, MI 49768 with your \$50.00 registration fee; checks are to be made payable to the order of Paradise Area Chamber of Commerce. Save time by registering online with www.active.com.



Event Coordinators Use:

_____ Date Received

Bib Number _____

_____ Amount Paid

Time _____

****This event is not affiliated with the Whitefish Point Run For the Light ½ Marathon, 10K, 5K Fun Run/Walk held in October.****