

2021 Registration	Marathon	Half	10K
January 1 - May 15, 2021	\$80.00	\$60.00	\$40.00
May 16 - August 15, 2021	\$90.00	\$70.00	\$40.00
August 16 - September 12, 2021	\$100.00	\$80.00	\$45.00

Name:	Male Female	Note: DISCOUNT CODES AND CREDIT CARDS CAN		
Address:		ONLY BE USED WITH		
Country: Phone:	ONLINE REGISTRATION			
F 1		Make checks payable &		
		mail to:		
Age on Race Day: Date of Birt Shirt Size WOMEN Xsmall Small Medium				
		Marathon Management &		
(Circle a size MEN Small Medium Large		Consulting, Inc 1170 Oakburn Ave SE		
Qualifying Race:	Date:	Grand Rapids, MI 49546		
Emergency Contact:	_	Grana Rapido, IIII 155 15		
Expected Finish: Hrs Min	_ Sec			
the entity providing the event location, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event, including from communicable diseases. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.				
I understand that there are no refunds, transfers, deferrals available for this event.				
and the state of t				
By submitting this entry, I acknowledge (or a parent or adult agreed to the above release and waiver.	guardian for all children under 1	.8 years) having read and		
Further, I grant permission to all the foregoing to use my nar pictures, results, publications or any other print, videographi				
Signature Date				