## **Race Entry Form**



# May 20 & 21, 2017

	FIRST NAME	GENDER
STREET ADDRESS	APT # CI	ITY
STATE/PROVINCE	TE/PROVINCE ZIP/POSTAL CODE COU	
EMAIL ADDRESS	(AREA CODE) CELL PHONE DA	ATE OF BIRTH AGE ON RACE DAY
ESTIMATED FINISH TIME (FULL, HALF, 10K)	NICKNAME ON BIB (DEADLINE 4-1-17; 10 CHARACTEF	RS OR LESS COUPON CODE (CHARITIES OR SPONSORS)
IS THIS YOUR FIRST CLEVELAND MARATHON, IF	NO HOW MANY? HOW DID YOU	J HEAR ABOUT US?
Sunday 5/21 Events Marathon (runners/wheelers/walkers) \$105 January 5 - February 8, 2017 \$110 February 9 - March 8, 2017 \$115 March 9 - April 6, 2017	2017 Entry Fees Saturday 5/20 Events 8K (runners/walkers) Race Date: Saturday, May 20, 2017, 8:00 a.m. \$45 January 5 - April 6, 2017	Challenge Series closes 4/6 8K/Full Marathon Challenge \$160 January 5 - February 8, 2017 \$165 February 9 - March 8, 2017 \$170 March 9 - April 6, 2017 FINAL

LIABILITY WAIVER

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

Liability and Publicity release: 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 in running a road race. I acknowledge all such risks are known and understood by me. I am aware that medical support for this event will be provided by volunteer personnel who may be called upon to provide assistance, including first aid, to me and others during the event. I authorize any such volunteer to assist me and/or to provide such assistance as, in opinion of such person may be necessary or appropriate. I understand that neither Cleveland Marathon, Inc. nor any of its supporting sponsors, including without limitation, Rite Aid Corporation assume any responsibility or liability with respect to my participation in this event. I agree, however, to abide by all decisions of any race official relative to my ability to safely complete the run. I hereby waive and release Cleveland Marathon, Inc., USA Track and Field (USATF), and all sponsors, representatives (including volunteers), independent contractors and employees of any or all of them, from any or all claims or liabilities of any kind arising out of my avarise out of negligence or carelessness on the part of the persons named in this waiver. I further give my permission for the free use of my name, voice recording, or photo in any print account broadcast, telecast, or commercial advertising of the event.

SIGNATURE (SIGNATURE OR PARENT OR LEGAL GUARDIAN IF UNDER 18)

Mail completed entry form by 5/1/17 with check/money order (US Funds) payable to: Cleveland Marathon, Inc., 29525 Chagrin Blvd. Suite 215, Pepper Pike, OH 44122







 PLEASE CHOOSE ONE EVENT:

 Marathon
 10K

 Marathon Walker
 10K Walker

 Half Marathon
 8K

 Half Marathon Walker
 5K

 Kids Run
 8K/Full Challenge

5K/10K Challenge

--INDIVIDUAL EVENTS CHOOSE ONE T-SHIRT SIZE (A OR B)

--CHALLENGE SERIES CHOOSE ONE OF EACH

### A. MARATHON/HALF MARATHON/10K

*SHORT-SLEEVED TECH SHIRT							
MEN'S	S	Μ	L	XL	2XL		
WOMEN'S	S	Μ	L	XL			

#### B. 8K/5K

\*STANDARD COTTON SHIRT UNISEX S M L XL 2XL

#### KIDS' RUN

YOUTH SIZES XS S M L XL

Pre-selected shirt size may NOT be changed at the Expo. Limited shirt sizes are available for late registration.