

ENTRY FORM

In consideration of your acceptance of this race entry, I, for myself, my heirs, executor, administrators and assigns, forever waive release and discharge any and all rights, demands, claims for damages and causes of suite or action known, that I may have against the sponsors, volunteers, organizations associated to and organizers of the RCMP/ Lethbridge Regional Police Service Half Marathon for any and all injuries in any manner arising or resulting from my participating in said race. I attest and verify that I have full knowledge of the risks involved in this race, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of accident, illness or other capacity, regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this race. I certify that all information is correct.

NAME: _____

ADDRESS: _____

CITY: _____ PROV. _____ POSTAL CODE _____

PHONE: Res: _____ Bus: _____ EMAIL: _____

IS THIS YOUR FIRST 1/2 MARATHON? Y N If No what is your fastest previous time: _____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (if under 18): _____

T-SHIRT SIZE: (Please Circle One) S M L XL ENTRY FEE: \$25.00

NO T-SHIRT (Please Tick Box) ENTRY FEE: \$15.00

LATE ENTRY FEE (After October 8th) NO T-SHIRT \$20.00

Police/Emergency Personnel: Please check age category AND Police/Emergency Personnel

Categories

1/2 Marathon

13.3 K

(Check One Only)

Men 19 & under

Men 20 - 29

Men 30 - 39

Men 40 - 49

Men 50 - 59

Men 60 +

Female 19 & under

Female 20 - 29

Female 30 - 39

Female 40 - 49

Female 50 - 59

Female 60+

Police/Emergency
Personnel