

Charlevoix Marathon

Saturday, June 26, 2010

Charlevoix, Michigan

1) _____
 First Name Last Name

2) M F (circle one) 3) _____ 4) ___/___/___
 Gender Age Race Day Date of birth

5) _____
 e-mail address!!! This must be completed. IMPORTANT! This is how we'll give you race updates.

6) (____) _____
 PHONE

7) Emergency Contact Name # for Race Day _____ (____) _____

8) _____
 Street Address

9) _____
 City State Zip Code Country

10) Shirt Size Childs Size
 (please check one) S M L XL XXL XXX S M L

11) Will you be joining us for the pasta dinner on Friday night? Yes No Please let us know how many will be attending. _____
 This is not a reservation. We ask for this information so that the church will have enough food for you. The dinner is not included in your registration fee. Please plan on donating for the meal.

12) Is this your first Marathon or Half Marathon? Please circle one. Yes No

13) **CATEGORY:** Please circle one category
Marathon Marathon Walker Athletes with Disabilities Half Marathon Half Marathon Walker 10K 5K

Entry Fees & Payment	<i>Marathon</i>	<i>Half-Marathon</i>	<i>10K</i>	<i>5K</i>
Postmarked by April 17, 2010	\$60	\$50	\$25	\$20
Postmarked by May 9, 2010	\$65	\$55	\$30	\$25
Postmarked by June 9, 2010	\$70	\$60	\$30	\$25
Late Registration 6/25 & 6/26	\$75	\$65	\$35	\$30

Please pay amount by check or money order in U.S. funds to **Good Boy Events**. Mail payment and form to:
Good Boy Events, 9775 Ponderosa Dr., South Lyon, MI 48178
 Entry forms MUST be postmarked by 6/9/010 and received in our office by 6/14/10. **Good Boy Events** reserves the right to refuse any registration.
 Registration is non-refundable and non-transferable.

LIABILITY WAIVER AND RACE AGREEMENT: I know that running or walking a road race is a potentially hazardous activity. I will not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running or walking this event, including but not limited to the effects of weather, traffic, course conditions and course surfaces, falls, and contact with other runners, volunteers and spectators. 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 during or after the event. I authorize any such volunteer to assist me or to perform such assistance as in the opinion of such person may be necessary or appropriate. I understand that Good Boy Events of Michigan, LLC, The Run Charlevoix Marathon, the City of Charlevoix, MI, the sponsors, the volunteers, and all others assisting in the operations of the event and its supporting and related activities assume no responsibility or liability with respect to my participation in the run or in any related events. I agree to obey and accept the rules of this race and any related events as published or otherwise made known to me, and to abide by the decision of any race official concerning my ability to safely complete the event. Having read this waiver and release, and knowing these facts, and in consideration of the acceptance of my entry, I for myself and any person entitled to act on my behalf do hereby release Good Boy Events , LLC, The Run Charlevoix Marathon, the City of Charlevoix, MI, all sponsors, volunteers, together with their employees, contractors, subcontractors, directors, officers, agents, attorneys and representatives from all claims of liabilities of any kind or character arising from my participation in this event or in any related activity, even though liability may arise from negligence or carelessness on the part of persons or organizations named in this waiver and release. I consent to the use of photographs, video, film and sound recordings of all Marathon events for all legitimate purposes. I give permission to be contacted by interested media.

*****Signature of Applicant (age 18 or older) Parent/Guardian Signature of Participants** Date

Office Only Amount _____ Ck # _____ Cash _____ Bib # _____