

GEIST HALF MARATHON & 5K OFFICIAL ENTRY FORM

Register online at www.GeistHalf.com

One entrant per form. Form may be copied. Mailed entries must be postmarked by May 8, 2009. No refunds/transfers.

FIRST NAME LAST NAME GENDER: M F

STREET ADDRESS

CITY STATE ZIP or POSTAL CODE

COUNTRY: USA OTHER

EMAIL (IMPORTANT - to get all race updates.)

BIRTHDAY: MO DAY YEAR AGE ON 05/16/09:

DAYTIME PHONE () - EVENING PHONE () -

T-SHIRT SIZE: S M L XL XXL EVENT: HALF 5K RUN WALK

RACE DAY EMERGENCY CONTACT FIRST NAME RACE DAY EMERGENCY CONTACT LAST NAME

RACE DAY EMERGENCY CONTACT PHONE () -

RACE FEES		
<input checked="" type="checkbox"/> ONE	DESCRIPTION	AMOUNT
	EARLY HALF MARATHON ENTRY (Postmarked by 03/14/09)	\$45.00
	REGULAR HALF MARATHON ENTRY (Postmarked by 05/08/09)	\$55.00
	EARLY 5K ENTRY (Postmarked by 03/14/09)	\$20.00
	REGULAR 5K ENTRY (Postmarked by 05/08/09)	\$30.00
	Race registration will close once the maximum field of 6,000 is reached, regardless of the date!	
RACE EXTRAS		
	Month of May Club	\$26.20
	In Training Shirts (Technical, long-sleeved)	
	S	\$24.00
	M	\$24.00
	L	\$24.00
	XL	\$24.00
	XXL	\$24.00
	Donation	
	GRAND TOTAL	\$

SEEDING INFO

To get a seeded number, you must have run one of these times in the past 12 months:

	Male	Female
Marathon	3:25	3:45
Half Marathon	1:35	1:45

Event: _____
Date: _____
Time: _____

WAIVER & RELEASE FROM LIABILITY

As a participant in the Geist Half Marathon 5K Walk/Run, I verify that I have read, understand, and accept the terms of this waiver and release. My submission of this form shall act as my legal signature. I understand the nature of this event and the risks involved in participating in this event. I know that running and walking a road race is a potentially hazardous activity. I understand that I should not participate unless I am medically able and sufficiently trained to do so. I agree to abide by any decision of any race official concerning my ability to safely complete this event. I understand that while police protection will be provided, there may still be traffic on the course. I assume all risks associated with my voluntary participation in this event, including, but not limited to, traffic and other conditions of the road, falls, contact with other participants, and the effects of the weather, including extreme temperatures and precipitation. I agree that failure to return the time chip at the conclusion of the race will result in a \$30 fee. Knowing these facts, for, and in consideration of, my participation in this race, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and fully release and discharge Geist Half Marathon Inc., the Cities of Lawrence and Indianapolis, the Town of Fishers, Geist Lake Marina, Marina Limited Partnership, Hamilton Southeastern Schools, Lawrence Township Schools, Hancock County, the Hamilton County Sheriff Dept., The EdResult Co. Inc., Vision Event Management, race participants, race officials, workers, volunteers, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and save them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage, or expenses, including but not limited to death, personal injury, and property damage, whether foreseen or unforeseen, arising out of, or in the course of, my participation in this event. The above has been read by all participants and by signing this entry form I understand and agree with all terms of the waiver statement.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT (if participant is under 18 years of age) _____ DATE _____

COMPLETE AND RETURN THIS ENTRY FORM, ALONG WITH PAYMENT (include check payable to Geist Half Marathon or Credit Card information provided and mail to: Geist Half Marathon, 13795 Oakwood Court, Carmel, IN 46032. Online information and registration available at www.GeistHalf.com.)

PAYMENT: CHECK ENCLOSED MASTERCARD VISA

ACCOUNT NUMBER

EXPIRATION DATE /

SIGNATURE _____