



 Last Name First Name

 Address

 City State Zip

 Phone Number Emergency Contact Name and Phone Number

 Email Address (for race communication only – Final Stretch will not distribute or sell emails)

 / / M F S M L XL XXL
 Date of Birth Gender T-Shirt Size

Maraton Race Divisions: Individual Relay (If Relay Marathon) Team Name: _____

 Team Person #2 (with age and gender) Team Person #3 (with age and gender) Team Person #4 (with age and gender)

Events & Pricing Descriptions:

Event	By Jan. 1 st	By April 1 st	By May 16 th	Race Day No Race Day
Marathon	\$30.00	\$50.00	\$70.00	No Race Day
Relay Marathon	\$100.00	\$100.00	\$130.00	No Race Day
½ Marathon	\$30.00	\$40.00	\$55.00	\$55.00
5K Run / Walk	\$25.00	\$25.00	\$30.00	\$30.00
20 Mile (no t-shirt or timing)	\$15.00	\$15.00	\$15.00	\$15.00

Circle Event:

Marathon
 Relay Marathon
 ½ Marathon
 5K Run/Walk
 20 Mile

Amount Enclosed: US\$ _____

Make check (no credit cards allowed) payable in US\$ and send along with registration form to:

**Final Stretch
 P.O. Box 121
 Nerstrand, MN 55053**

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I (individual or team) acknowledge that the Med City Marathon events are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and lack of dehydration. I hereby assume all the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in the Med City Marathon, and have not been advised otherwise by a qualified medical person. I acknowledge that this **Accident Waiver and Release of Liability (AWRL)** form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and the responsibilities at said event. In consideration of my application and permitting me to participate in the Med City Marathon, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSON(S): City of Rochester, City of Byron, Olmstead County, Olmstead County Sheriff's Department, YMCA, Final Stretch, Pickle Events LLC, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or person(s) mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the Med City Marathon. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that at this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law: **I hereby certify that I have read this document; and, I understand its content.**

 Participant Signature Date

 Parent/Guardian Signature (if under 18) Date