



\_\_\_\_\_  
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)

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

**Marathon 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 <sup>st</sup>	By April 1 <sup>st</sup>	By May 15 <sup>th</sup>	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:**

**Rochester Family Y  
Attn: Med City Marathon  
709 1st Ave SW  
Rochester, MN 55902**

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I know that running a Med City Marathon road race is a potentially hazardous activity, which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and lack of dehydration, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by this guideline. I hereby grant full permission to use my name and any photographs, videotapes, or other record of this event for any purpose. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, (A) waive and release the Rochester Track Club, the City of Rochester, the County of Olmsted, City of Byron, Olmstead County Sheriff's Department, Rochester YMCA, Final Stretch, Pickle Events LLC, their directors, officers, employees, volunteers, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. (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. This Accident Waiver and Release of Liability 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