

Mobile Marathon January 12, 2020

| 0 | on available at MarathonG e form per person | | Entry fees nonrefundable. Fill form out completely please |
|--|--|---|---|
| Last | | | |
| Name | | | |
| First Name | | | Middle Initial |
| Age on 1/12/20 Female Male Date of Birth Zip Code | | | |
| | M M D | D Y Y | |
| Address | | | APT# |
| City | | State | |
| Country | | E-mail: | |
| Home - | - | Work Phone |] |
| Event Check One Only Marathon Half Kids' Marathon (Use Separate Form – See Website) Team Name | | | |
| Category Check One Only Runner/Walker Wheelchair Race walker (Google: Race Walking | | | |
| T-Shirt Check One Only Incluc | ed w/ Registration Fee (Shirt Medium Large | size guaranteed if received by X-Large | 12/31/19) XX-Large |
| DRUG STATEMENT: Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field regulation 10 and IAAF Rule 53. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event, and will lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS MAY CONTAIN BANNED SUBSTANCES. | | | |
| RELEASE FORM: I know that run that I am medically able and prop to safely complete the run. I assu the effects of weather, including h In consideration of the L'Arche I | nning a road race is a potentially erly trained to enter and to comple ime all the risks associated with i gh heat and/or humidity, traffic an lobile Foundation (LMF), its spic the bable Morathan (David Ba | hazardous activity that might cause ete this event. I agree to abide by running in this event including, but nd conditions of the road/bridges, a onsors, agents, servants, represe | e personal injury or even death. I attest and verify any decision of a race official relative to my ability not limited to falls, contact with other participants, all such risks being known and appreciated by me. ntatives, licensees, contractors, successors, and allowing me to participate and run in said race. I entatives, licensees, contractors, successors, and ure arising, directly or indirectly, from any and all e consequences thereof resulting from my running I understand all entries are final, with not refunds, ter to cancel the race or to change the day and/or and/or picture for any broadcast, telecast or other |
| Signature | | | Date |
| Parent(Guardian) Please Mark Your Payment | Received by October 1, 2019 | Received by Re | , the signature of parent/guardian is also required. eceived After ember 1, 2019 |
| Full Marathon Half Marathon | \$75 □ \$65 □ | \$85 □ \$70 □ | \$110□ Please enter your total \$85□ payment amount |
| 5-Person Relay 1.2 Mi Fun Run | \$180 □ \$10 □ | \$200 □ \$12 □ | \$2250 Entry Fee \$170 Extra Moal (\$5) |
| | | | Fun Run Meal |
| Fun Run Meal(s) @ \$5 Each Participation: Back2Back (+\$5) 50 Staters MarManiacs Miltary (Call for discounts) Would you like to receive the complimentary meals? (Please check your answer) B2B (\$5) | | | |
| - | e complimentary meals? (Pi les □ No □ | • | @ \$5 each Discount |
| | | totals in box at above right. | Donation |
| | | | . Total Payment \$ |

Make checks payable to: L'Arche Mobile Foundation

Mail application and fees to: L'Arche Mobile Foundation; Mobile Marathon; 151 S. Ann Street; Mobile, AL 36604 www.MobileMarathon.org Email: MobileMarathon@HotMail.com Call: 251-438-2094