

## 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