



U.S. AIR FORCE

# 2011 Registration Form Deployed Locations

## AIR FORCE MARATHON

### 1a CHECK THE BASE WHERE YOU ARE ENTERING

- |                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> ADAB | <input type="checkbox"/> BLAB | <input type="checkbox"/> EVAB  |
| <input type="checkbox"/> ASAB | <input type="checkbox"/> KDAB | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> AUAB | <input type="checkbox"/> MAAB |                                |
| <input type="checkbox"/> BGAB | <input type="checkbox"/> THUM |                                |

### 1b CHECK THE EVENT YOU ARE ENTERING

- |  |
|--|
| <input type="checkbox"/> FULL MARATHON |
| <input type="checkbox"/> HALF MARATHON |
| <input type="checkbox"/> 10K           |

LAST NAME  SUFFIX  FIRST NAME  M.I.

HOME STREET ADDRESS/APARTMENT NUMBER

HOME CITY  HOME STATE/PROVINCE

HOME ZIP/POSTAL CODE  SEX M/F  DATE OF BIRTH (MM/DD/YEAR)  AGE (ON RACE DAY)  WEIGHT  T-SHIRT SIZE (CIRCLE ONE)  S  M  L  XL  XXL

HOME TELEPHONE NUMBER  E-MAIL ADDRESS (PLEASE PRINT)

### 15 WAIVER - REQUIRED

In consideration for your accepting my or my child's entry in the United States Air Force Marathon and associated races (including but not limited to the full marathon, the half-marathon, the 10K, the 5K, and the wheelchair races), I, the undersigned, intending to be legally bound, waive and release for myself or my child, my heirs, executor and administrators, any and all rights and claims for damages, demands and any other actions that have resulted from my or my child's participation in the event, which I may have against the United States Air Force, the US Government, the City of Fairborn, Wright State University, Greene County, Montgomery County, volunteer medical support, all participating supports and those entities representatives, successors and assignees. I agree to hold these entities, and their agents, representatives, successors, and assignees harmless from any liability including any and all injuries, to include death, that are suffered by me as a result of my participation in this event.

I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and finish line.

I hereby grant permission to the United States Air Force Marathon and its sponsors to use all information submitted in my or my child's application, and any photograph, videotape, motion pictures, recording and any other record of this event including pre-race and post-race publicity.

X \_\_\_\_\_  
SIGNATURE OF PARTICIPANT DATE

**WAIVER MUST BE SIGNED TO BE PROCESSED**

### 16 STATUS

#### ACTIVE DUTY MILITARY (Check branch of service)

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> USAF | <input type="checkbox"/> USMC |
| <input type="checkbox"/> USA  | <input type="checkbox"/> USCG |
| <input type="checkbox"/> USN  |                               |

- |   |  |
|---|--|
| <input type="checkbox"/> RESERVE        | <input type="checkbox"/> CIVILIAN (Non-military) |
| <input type="checkbox"/> NATIONAL GUARD | <input type="checkbox"/> FOREIGN MILITARY        |
| <input type="checkbox"/> DOD CIVILIAN   |  |

MIL RANK/GRADE \_\_\_\_\_ ORIGINATING MAJOR CMD \_\_\_\_\_

ORIGINATING BASE/POST \_\_\_\_\_

#### Presenting Sponsors:

**NORTHROP GRUMMAN**



Four Star Sponsor:



No Federal endorsement of sponsors intended.

## Submit this registration to your deployed location race POC.

(Deployed race POCs should send a copy of all registrations to the Air Force Marathon Office at the conclusion of your race: 88ABW/CVM, Bldg 219, Rm 106, 5030 Patterson Parkway, Wright-Patterson AFB, Ohio 45433.)