



2012 Registration Form Visually Impaired Guide

September 15, 2012

Please check the event you are entering:

1 **MARATHON**
(Must be 18)

HALF MARATHON

2 _____, _____
Last Name First Name Middle Initial

9 _____ / _____
MALE FEMALE Sex Date Of Birth Age (on 09/15/2012)

3 _____
Street Address - Apartment Number

10 _____
E-Mail Address

4 _____
City - State/Province

11 _____

5 _____
Zip Code County

Personal Race Record/Notes

6 _____
Daytime Phone Number Evening Phone Number

12 _____

I UNDERSTAND That there is a 7 hour time limit for the Marathon and a 6 hour time limit for the Half Marathon **YES**

7 ATHLETES WITH VISUAL IMPAIRMENT			
Visually Impaired Guide		FEE WAIVED	
RUNNERS NAME			
Pasta Dinner Adult	# _____	@ \$25 each	
Pasta Dinner Child (6-10)	# _____	@ \$12 each	
Pasta Dinner Child (5 & under)	# _____	Free	\$0.00
Breakfast Tickets	# _____	@ \$12 each	
Total Amount Enclosed			

13 T-Shirt Size (Please Check One)					
MARATHON & HALF MARATHON TECH SHIRT					
MEN'S	S	M	L	XL	XXL
WOMEN'S	S	M	L	XL	XXL
Every attempt will be made to accommodate your request, but sizes can not be guaranteed.					

8 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

X _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN - FOR PARTICIPANTS UNDER 18 YEARS OF AGE DATE

14 STATUS				
CIVILIAN (Non military) RESERVE NATIONAL GUARD DOD CIVILIAN USAF USA USN USMC USCG MIL RANK/GRADE BASE/POST	ACTIVE DUTY MILITARY RETIRED MILITARY MILITARY SPOUSE/DEPENDENT			

Mail completed entry form with fee payable by check or money order to:

Air Force Marathon
88 ABW/CVM
5030 Patterson Pkwy, Bldg. 219
Wright-Patterson AFB, OH 45433-5319

Credit Card users call 1-800-467-1823

OFFICE USE ONLY

VISA MC CHECK MO CASH

WAIVER MUST BE SIGNED TO BE PROCESSED

REGISTRATION FEE IS NON-REFUNDABLE

For more information call 1-800-467-1823 or visit our web site www.usafmarathon.com