



26.2 / 13.1 / RELAY / 10K / 5K

2019 PAPER REGISTRATION FORM

RACE DAY: 11/16/19

Mail form to Honoring Our Heroes Marathon, P.O. Box 194, Salem, MO 65560

Participant Information:

First Name: _____ **Last Name:** _____

Birth Date: MM/DD/YY **Age On Race Day:** _____ **Gender:** M F

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (____) _____ - _____ **Email Address:** _____

Veteran?: Y N **Active Military?:** Y N **Branch:** _____

Emergency Contact Name: _____

Emergency Phone Number: (____) _____ - _____ **Relationship:** _____

Shirt Size: S M L XL

Event: **MARATHON** **HALF** **RELAY** **10K** **5K**

Must have 4 forms submitted

Dates for Pricing	MARATHON	HALF	RELAY	10K	5K
03/01 - 06/30	\$75	\$55	\$140	\$35	\$25
07/01 - 10/31	\$80	\$65	\$180	\$45	\$30
11/01 - 11/13	\$90	\$75	\$200	\$55	\$35
11/14 - 11/15 <small>ONLINE OR AT PACKET PICK UP ONLY</small>	\$95	\$80	\$210	\$60	\$40



Note: NO RACE DAY REGISTRATION

Pasta Party:

Friday, November 15th, 2019
Dinner: 5:30 PM - 7:00 PM
More details: www.heroesmarathon.com/pastaparty

The Pasta Party is free to any registered participant of the 2019 Honoring Our Heroes Marathon, Half Marathon, Relay, 10K & 5K. Guest tickets are \$8 for Students/Adults (13+) and \$4 for Youth (12 & Under).

Attending Pasta Party?: Y N **Student/Adult (13+) Guests:** X \$8 Each **Youth (12 & Under) Guests:** X \$4 Each

Total Amount Enclosed: \$ _____ Check Payable to "Honoring Our Heroes Marathon Committee"

Waiver:

In consideration of this entry acceptance, I, my heirs, executors and administrators, hereby waive any and all rights of claim for damages I may have against the Honoring Our Heroes Marathon Committee, Dent County Commons, Rolla Lions Club Park, City of Rolla, Dent and Phelps Counties, and all sponsors and co-sponsors, and any and all individuals associated with the above for any and all injuries sustained by me in this event. I will additionally permit the use of my name and pictures in web site, social media, broadcast, telecasts, magazines, newspapers, brochures, etc. I also understand the entry fee is non-refundable and non-transferable. I further attest and verify that I am physically fit and have sufficiently trained for competition and my physical condition has been verified by a licensed medical doctor. THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED. Athletes who participate may be subject to a formal drug testing in accordance with USA Track & Field Regulation 10 and US IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and lose eligibility for future competition. SOME OVER THE COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES: Information regarding drugs and/or drug testing may be obtained by calling the USDC Hotline at 800-233-0393.

Signature of Athlete (signature of parent of guardian if under 18 years of age)

MM/DD/YY

Date