For Official Use Only

2019 STILLWATER HALF MARATHON/10K/5K, May 25, 2019
PARTICIPANT ENTRY FORM

FULL NAME:

ADDRESS:

CITY: **STATE:** **ZIP:**

EMAIL (PRINT): **PHONE:**

EMERGENCY CONTACT:	**RELATIONSHIP:**	**PHONE:**

RACE DISTANCE:	**T-SHIRT SIZE (CIRCLE)**:
☐ Half $77.00	MALE: S M L XL XXL
☐ 10K: $67.00	FEMALE: S M L XL XXL
☐ 5K: $57.00	

Age on Race Day: _____ Birth Date: _ _ / _ _ / _ _ _ _ Gender: M / F

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although public safety protection will be provided, there may be traffic on the course route and I must watch for vehicles at intersections and on the roads. I also assume any and all other risks associated with running this event including but not limited to falls, contact with other participants, the effects of weather including high heat and/or humidity and the condition of the roads. I recognize that if I choose to wear a portable listening device during the race that it may create a distraction which may increase my risk of injury. Knowing these facts, and in consideration of your acceptance of my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge Run Stillwater, Inc. and any organization associated with the race, and the local governments and police, volunteers, and any and all sponsors including their agents, employees, assigns or anyone acting on their behalf, from any and all claims or causes of action (known or unknown, foreseen or unforeseen) for death, personal injury or property damage of any kind or nature including those arising out of, their negligence in the course of, my participation in this road race and all other events and activities associated with this race. I give my permission for medical team evaluation, treatment, and transfer to an emergency facility if needed. I agree that Run Stillwater, Inc. officials have the right to remove me from the race and related activities if they are of the opinion that it is in my best interest or the best interest of Run Stillwater, Inc. that I be removed. I further grant permission to Run Stillwater, Inc. and/or agents authorized by them to use any photographs, video, or any other record of this event for any purpose without limitation or compensation. I understand that the race will occur rain or shine, fees are not refundable and race numbers and timing chips are not transferable. I have read the foregoing and certify my agreement by signing below.

SIGNATURE_____ SIGNATURE_____

PARTICIPANT

PARENT OR GUARDIAN
(IF PARTICIPANT IS UNDER 18)

Make Checks Payable to **Run Stillwater, Inc.**