



Harrisburg Marathon Registration Form
Sunday, November 12, 2017

TYPE OF ENTRY (*check one*):

- _____ **Runner** (8am start)
- _____ **Walker** (6:30am start)

Minimum age for a full marathon participant is 15 years old

MARATHON ENTRY FEES (*please read*):

- All entries must be received by Monday, November 6th
- Payment must be included for this form to be processed.
- **NO REFUNDS**
- For deferral information, please visit ymcarun.com/info-marathon

___ February 10 th to February 28 th - \$60	___ July 1 st to July 31 st - \$85
___ March 1 st to March 31 st - \$65	___ August 1 st to August 31 st - \$90
___ April 1 st to April 30 th - \$70	___ September 1 st to September 30 th - \$95
___ May 1 st to May 31 st - \$75	___ October 1 st to October 31 st - \$100
___ June 1 st to June 30 th - \$80	___ November 1 st to November 6 th - \$105

REGISTRATION INFORMATION

- Please print neatly and legibly to avoid your information entered incorrectly

Checks payable to:
East Shore YMCA
Attn: Tom Gifford
701 North Front St
Harrisburg, PA 17101

First and Last Name: _____

Address: _____

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

Age on Race Day (11/12/17): _____ **Gender:** M F **Hoodie Size (circle one):** Small Medium Large XL XXL

Phone: _____ **Email:** _____

**if you do not provide your email, you will not receive important pre-race notifications prior to the event*

Emergency Contact _____ **Emergency Contact Number** _____

WAIVER AND RELEASE In consideration of your accepting this entry, I hereby, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights for liability and damages I may have against any sponsor, volunteer, and/or official of the Harrisburg Marathon, Harrisburg Area YMCA, City of Harrisburg, Dauphin County, Susquehanna Township, and their representatives, successors, and assigns for any and all injuries or death suffered by me in or arising by said event. I acknowledge that it is my responsibility to understand the risks and precautions I should take. I attest that I am who I claim to be, am physically fit, and have sufficiently trained for this event. I acknowledge that bicycles, skateboards, baby joggers, roller skates or inline skates, wheelchairs, audio headsets, and animals are prohibited in this event. I agree to not cover, alter, or transfer my assigned race number to another on pain of my and my transferee's disqualification from this and future events. I further acknowledge that my entry fee is non-refundable and non-transferable. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature _____ **Date** _____

**by parent or guardian if under 18 years old*