



**Harrisburg Half Marathon Registration Form**  
**Sunday, September 9, 2018**

**TYPE OF ENTRY** (*check one*):

- \_\_\_\_\_ **Runner** (8am start)
- \_\_\_\_\_ **Walker** 7:15am start )

*Minimum age for a half marathon participant is 13 years old*

**HALF MARATHON ENTRY FEES** (*please read*):

- All entries must be received by Monday, September 3rd
- Payment must be included for this form to be processed.
- **NO REFUNDS**

___ February 10 <sup>th</sup> to February 28 <sup>th</sup> - \$55	___ July 1 <sup>st</sup> to July 31 <sup>st</sup> - \$80
___ March 1 <sup>st</sup> to March 31 <sup>st</sup> - \$60	___ August 1 <sup>st</sup> to August 31 <sup>st</sup> - \$85
___ April 1 <sup>st</sup> to April 30 <sup>th</sup> - \$65	___ September 1 <sup>st</sup> to September 6 <sup>th</sup> - \$90
___ May 1 <sup>st</sup> to May 31 <sup>st</sup> - \$70	
___ June 1 <sup>st</sup> to June 30 <sup>th</sup> - \$75	

**REGISTRATION INFORMATION**

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

**First and Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_ **Shirt Size (unisex, circle one):** Small Medium Large XL XXL

**Age on Race Day (9/9/18):** \_\_\_\_\_ **Gender:** M F

**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 #** \_\_\_\_\_

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

**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 Half 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*