AKRON MARATHON

Presented by Time Warner Cable

2012 AKRON MARATHON & TEAM RELAY CHANGE FORM

REGISTRATION FORM: Please print legibly
(use blue or black ink only, entry fee is non-refundable)

RELAY TEAM MEMBER CHANGE FORM

***This is not a registration form. Only Relay Changes will be processed.**

8/13/12 - Deadline for Personalized Bib Printing
9/17/12 - Deadline for Submitting Change Form to Marathon Office
9/24/12 - Health & Fitness Expo; Relay Team Member Change Forms will be accepted
$10 ADMINISTRATIVE FEE PER PARTICIPANT WILL BE APPLIED AT THE EXPO

Race Day: September 29, 2012

Bib # (Official use only) ____ ____ - ____ ____ ____ ____

Photocopies acceptable on white paper only.
Altered forms cannot be accepted.
One form per participant.

SEND TO:
Akron Marathon Charitable Corporation
453 South High Street, Suite 301
Akron, OH 44311
Or Fax to: (330) 434-0738

RELAY TEAM INFORMATION:		RELAY TEAM MEMBER, CHECK ONE BELOW:	
☐	All Male Team	☐	I am the team captain
☐	All Female Team	☐	I am a team member
☐	Co-Ed Team	☐	Our team classification changed from original form

Relay Team Name:

FORMER TEAM MEMBER NAME

Last Name _____ First Name _____

NEW TEAM MEMBER INFORMATION

Male ☐ **Female** ☐ **Age on Raceday** ____

New Team Member Date of Birth Month ____ / Day ____ / Year ____

T-Shirt Size S ☐ M ☐ L ☐ XL ☐

First Name for Bib _____

Last Name _____ First Name _____

Mailing Address _____

City _____ State ____ Zip ____

Email Address _____

Day-Time Phone ___ ___ - ____ Race Day Emergency Contact Phone ___ ___ - ____ Race Day Emergency Contact Name

LIABILITY WAIVER AND RACE AGREEMENT: Read this form carefully before accepting. By signing below, you agree, warrant and covenant as follows: I know that running a road race is a potentially hazardous activity. I will not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event, including but not limited to the effects of weather, traffic, course conditions and course surfaces, falls, and contact with other runners, volunteers and spectators. I am aware that medical support for this event will be provided by volunteer personnel who may be called upon to provide assistance, including first aid, to me during or after the event. I authorize any person providing me medical care to notify and release information about my medical condition to race officials. I authorize race officials to disclose this information to anyone requesting such information. I authorize any such volunteer to assist me or to perform such assistance as in the opinion of such person may be necessary or appropriate. I understand that The Akron Marathon Charitable Corporation, Road Runner Akron Marathon, governments of the City of Akron, the sponsors, volunteers, USATF and USATF Lake Erie and all others assisting in the operations of the event and its supporting and related activities assume no responsibility or liability with respect to my participation in the run or in any related events. I agree to obey and accept the rules of this race and any related events as published or otherwise made known to me, and to abide by the decision of any race official concerning my ability to safely complete the run. Having read this waiver and release, knowing these facts, and in consideration of the acceptance of my entry, I for myself and any person entitled to act on my behalf do hereby release The Akron Marathon Charitable Corporation, Road Runner Akron Marathon, the governments of the City of Akron, all sponsors, volunteers, USATF and USATF Lake Erie together with their employees, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind arising from my participation in this event or in any related activity, even though liability may arise from negligence or carelessness on the part of persons or organizations named in this waiver and release. I consent, at the race's discretion, to the release of my contact information to race partners and to the use of photographs, video, film, and sound recordings of all Marathon and related events for all legitimate purposes. Athletes who participate in this competition may be subject to drug testing by the United States Anti-Doping Agency (USADA) in accordance with the IAAF Procedural Guidelines for Doping Control or the Olympic Movement Anti-Doping Code. Any substance taken by an athlete is at his/her own risk and may result in a positive sample. Information on drugs and drug testing may be obtained by calling the USADA Drug Reference Hotline at 800-233-0393 or visiting the USADA website. I give permission to be contacted by interested media. I understand the course will only be open for six (6) hours and can finish within this time frame. I understand that all entries are non-refundable. If I am executing this waiver on behalf of another person, I represent and warrant that such person is fully aware of the contents of this waiver, that such person has duly authorized me to execute this waiver on their behalf and that such person understands that my signing this agreement on their behalf has the same legal effect as if such person has signed it.

Signature for waiver (Signature of Participant or Parent/Guardian if under 18) Date