



U.S. AIR FORCE



September 15, 2012

1 CHECK THE EVENT YOU ARE ENTERING

MARATHON

HALF MARATHON

LAST NAME

2 [Grid]

SUFFIX

[Grid]

FIRST NAME

3 [Grid]

M.I.

[Grid]

STREET ADDRESS/APARTMENT NUMBER

4 [Grid]

CITY

5 [Grid]

COUNTY

6 [Grid]

STATE/PROVINCE

7 [Grid]

ZIP/POSTAL CODE

8 [Grid]

WHEELED MARATHON DIVISION (CHECK ONE)

9

WHEELED HANDCRANK

WHEELED PUSH RIM

SEX M/F DATE OF BIRTH

10

11 [Grid]

[Grid]

[Grid]

[Grid]

[Grid]

[Grid]

AGE (ON 9/15/2012)

12 [Grid]

IS THIS YOUR FIRST MARATHON?

13

Yes  No

PREVIOUS AIR FORCE MARATHONS

14 [Grid]

RACE PERSONAL RECORD

15 [Grid]

DAYTIME TELEPHONE NUMBER

16 [Grid]

EVENING TELEPHONE NUMBER

17 [Grid]

E-MAIL ADDRESS (PLEASE PRINT)

18 \_\_\_\_\_

19 I UNDERSTAND That there is a 7 hour time limit for the Marathon and a 6 hour time limit for the Half Marathon

YES

### 20 WAIVER - REQUIRED

In consideration for your accepting my or my child's entry in the United States Air Force Marathon and associated races (including but not limited to the full marathon, the half-marathon, the 10K, the 5K, and the wheelchair races), I, the undersigned, intending to be legally bound, waive and release for myself or my child, my heirs, executor and administrators, any and all rights and claims for damages, demands and any other actions that have resulted from my or my child's participation in the event, which I may have against the United States Air Force, the US Government, the City of Fairborn, Wright State University, Greene County, Montgomery County, volunteer medical support, all participating supports and those entities representatives, successors and assignees. I agree to hold these entities, and their agents, representatives, successors, and assignees harmless from any liability including any and all injuries, to include death, that are suffered by me as a result of my participation in this event.

I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and finish line.

I hereby grant permission to the United States Air Force Marathon and its sponsors to use all information submitted in my or my child's application, and any photograph, videotape, motion pictures, recording and any other record of this event including pre-race and post-race publicity.

X SIGNATURE OF PARTICIPANT DATE \_\_\_\_\_

X SIGNATURE OF PARENT OR LEGAL GUARDIAN - FOR PARTICIPANTS UNDER 18 YEARS OF AGE DATE \_\_\_\_\_

**WAIVER MUST BE SIGNED TO BE PROCESSED**

### 21 T-SHIRT SIZE (CIRCLE ONE)

#### MARATHON & HALF MARATHON TECH SHIRT

MEN'S S M L XL XXL

WOMEN'S S M L XL XXL

Every attempt will be made to accommodate your request, but sizes can not be guaranteed.

### 22 STATUS

ACTIVE DUTY MILITARY (Circle branch of service) USAF USA USN USMC USCG

CIVILIAN (Non military)  RETIRED MILITARY

RESERVE  MILITARY SPOUSE/DEPENDENT

NATIONAL GUARD  FOREIGN MILITARY

MIL RANK/GRADE \_\_\_\_\_ MAJOR CMD \_\_\_\_\_

BASE/POST \_\_\_\_\_

**REGISTRATION FEE IS NON-REFUNDABLE**

For information about running for Hospice of Dayton, please call 937-256-4490

For information about the Air Force Marathon, please visit [www.usafmarathon.com](http://www.usafmarathon.com)