

2011 Rock 'n' Roll Savannah™ Marathon & 1/2 Marathon

register online at **competitor.com** 

Choose distance:
 Marathon
 1/2 Marathon

Official Use Only

COMPLETE ENTIRE FORM

Choose distance: Marathon 1/2 Marathon

PLEASE PRINT NEATLY USING CAPITAL LETTERS. PHOTOCOPIES ARE ACCEPTED (DO NOT ALTER SIZE). ONE ENTRY PER FORM PLEASE.

NAME (FIRST) _____ **(LAST)** _____

ADDRESS _____ **APT.#/SUITE** _____

CITY _____ **STATE** _____ **ZIP or POSTAL CODE** _____

COUNTRY _____ **PHONE** _____

EMAIL ADDRESS _____

M **F** **BIRTH DATE*** _____ **ESTIMATED FINISHING TIME**

_____ ***Minimum age is 18 for FULL MARATHONS** _____
 _____ ***Minimum age is 12 for 1/2 MARATHONS** _____
 _____ ***Age divisions calculated by birth date** **Hr.** **Min.**

RELEASE & WAIVER OF LIABILITY AGREEMENT

ALL PARTICIPANTS IN MARATHONS, RACES OF OTHER DISTANCES AND RELATED EVENTS (EACH AN "EVENT") CONDUCTED BY COMPETITOR GROUP INC. AND ITS AFFILIATED COMPANIES ("COMPETITOR GROUP") ARE REQUIRED, AS A CONDITION OF PARTICIPATION IN SUCH EVENT, TO ASSUME ALL RISKS OF PARTICIPATION BY SIGNING BELOW. THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS TO RECOVERY SHOULD YOU BE INJURED IN THE EVENT. PLEASE READ IT CAREFULLY. The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, and discharges Competitor Group, the city(ies), county and state hosting the Event, USATF, all municipal agencies whose property and/or personnel are used or in any way assist the Event, all sponsoring or co-sponsoring companies or individuals related to the Event, and all charities associated with the Event, together with their officers, directors, shareholders, successors and assigns, (collectively, "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for loss(es), damage(s) and claims therefor on account of injury to Athlete or his/her property or the resultant death of Athlete, whether caused by the active or passive negligence of the Releasees or otherwise, in connection with Athlete's participation in the Event ("Losses"), and further covenants not to sue any of the aforementioned parties for such Losses. Athlete is fully aware of the risks and hazards inherent in participating in the Event and elects to voluntarily participate. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete represents and warrants to the Releasees that he/she is in good physical condition and is able to safely participate in the Event. Athlete agrees to the use, publication and distribution of his/her name and photograph in broadcasts, newspapers, brochures and other media (including for advertising or sales promotional purposes) without compensation, and hereby waives and releases any claim or right Athlete may otherwise have arising out of such use, publication or distribution. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Competitor Group, in its sole discretion, may delay or cancel the Event as it deems necessary, including if it believes the conditions on the day of the Event are unsafe. If the Event is delayed or cancelled for any reason, whether or not within the control of Competitor Group, there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. The Athlete hereby grants to the Lewis G. Maharam, M.D., FACSM and any other medical director(s) of the Event, and their agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that he/she has the right to refuse medical care and advice of the Event medical director(s) and their representatives. If Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the Event medical director(s) have the right to recommend and initiate treatment of Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS GENERAL RELEASE, WAIVER OF LIABILITY AND PARTICIPATION AGREEMENT.

SIGNATURE OF ATHLETE _____ **DATE** _____ **SIGNATURE OF PARENT IF UNDER 18** _____ **DATE** _____

IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

T-SHIRT SIZE

Brooks Technical T-Shirt Size (circle one)

Mens: XS S M L XL XXL

Womens: S M L XL

How did you hear about this event? _____

Is this your first Marathon or 1/2 Marathon? Yes / No

Wheelchair entrant? Yes / No



800.311.1255

competitor.com

