



Secret City Half Marathon & Relay

21 November, 2010, 8:00 am EST, Oak Ridge, TN

More info: www.secretcityhalfmarathon.com

Contacts: Frank Chmielewicz (frankchmi@hotmail.com), Judy Wilson (judy@irun.cc)

FIRST NAME

MI

LAST NAME

ADDRESS

CITY, STATE, ZIP

DAY PHONE

CELL PHONE

DATE OF BIRTH (MM/DD/YYYY)

AGE ON RACE DAY

EMAIL ADDRESS

EMERGENCY CONTACT (NOT PARTICIPATING IN A RACE)

EMERGENCY PHONE

SHIRT SIZE XXL XL L M S XS

SELECT A RACE

Half Marathon

\$40.00 (on or before 10/21/10)

\$50.00 (after 10/21/10)

Half Marathon Team Relay

\$70.00 per team (on or before 10/21/10)

\$80.00 per team (after 10/21/10)

RELAY TEAM INFORMATION - IMPORTANT: Submit both team members forms together, attached to each other, with one check enclosed.

MY TEAMMATE: First Name

MI

Last Name

Team Name:

Team Type: Mixed Male Female

****ATHLETE'S RELEASE. ALL PARTICIPANTS: READ, UNDERSTAND, SIGN AND DATE THIS FORM****I know that running and/or volunteering to work in races are potentially hazardous activities. I should not enter and run in the 2010 Secret City Half Marathon/Relay race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and/or volunteering to work in the aforementioned race, including but not limited to falling, contact with other participants, the effects of weather (including high heat or humidity, ice or snow), the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my application, I for myself and anyone entitled to act on my behalf waive and release Oak Ridge Track Club, National Fitness Centers, City of Oak Ridge, and all other sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in the aforementioned event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I attest and verify that I am physically fit and sufficiently trained to participate in this event. I also hereby grant permission to all the foregoing to use any photograph, motion pictures, recordings and any other record of this event for any legitimate purpose.

SIGNATURE _____

DATE _____

Parent's signature required if participant is less than 18 years of age.

Make check payable to: Oak Ridge Track Club

Mail this completed form with payment to:

Secret City Half Marathon, Oak Ridge Track Club, PO Box 4994, Oak Ridge, TN, 37831-4994