

Registration

Name (first) _____ (last) _____

Address _____ Apt./Suite _____

City _____

State _____ Zip _____ Country _____

Phone _____

E-Mail _____

M F Birthdate _____ Estimated Finish Time _____

Emergency Medical Contact (Name) _____

Emergency Contact (Phone) _____

Any known allergies _____

Any known illnesses _____

Division: (Circle all events to enter)

Marathon | Half Marathon | 5K | Marathon Team Relay | Kids Marathon

Walker? Y/N _____ Wheeler (marathon only)? Y/N _____ First Time Marathon? Y/N _____

Please enter up to 10 characters that you would like custom printed on your BIB Number (name, etc.). If you are running as a member of a relay team skip this question because your team name will be printed on your BIB.

Shirts: Short Sleeve Tech Shirt (gender sizing and fit)

Men's XS S M L XL XXL Women's XS S M L XL

Relay Division: (Circle division)

ALL MALE: Open | Masters ALL FEMALE: Open | Masters

MIXED: Minimum of 2 females Open | Masters

FAMILY: Any combination from one family (Family or Relations)

CORPORATION: Any combination from one corporation

SCHOOL: Any combination from one school

Team Name: _____

Total Enclosed: \$ _____

ALL MEMBERS MUST SUBMIT A COMPLETED REGISTRATION FORM.

Waiver In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators waive and release all rights for claims and damages I might have against the Toledo Roadrunners Club, the Race Director, any and all sponsors of the Glass City Marathon, municipalities, and all related parties for any and all injury or damage resulting from participating in the event. I am in proper physical condition to participate in this event.

Signature _____

Please mail registration forms by 3/31/17 to:

Toledo Roadrunners — Mercy Health Glass City Marathon
21803 McCutcheonville
Bowling Green, Ohio 43402