American River Parkway Half Marathon and 5K 2009 Race Registration Form

RACE CATEGORY: RUNNERS' HALF MARATHON ☐ WALKERS' HALF MARATHON ☐ 5K ☐

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ STATE ☐☐ ZIP ☐☐☐☐☐

AGE (on race day) ☐☐ GENDER: FEMALE ☐ MALE ☐ **EMAIL** (Important to include so we can communicate pre-race details) _____

T SHIRTS: Please circle appropriate gender and size.

NOTE: PLEASE REVIEW THE SHIRT SIZING PAGE ON THE WEBSITE PRIOR TO SELECTING. THIS WILL ENSURE YOU GET THE CORRECT SIZE.

WOMEN'S: XS S M L XL XXL XXXL

MEN'S: S M L XL XXL XXXL XXXXL

IMPORTANT: To guarantee your shirt size, entry form must be postmarked by April 6, 2009

RACE ENTRY FEE:

HALF MARATHON -	$38 until April 6;	$48 from April 7 – 25;	$60 In-person on April 30, May 1, and race day
5K -	$25 until April 6;	$30 from April 7 – 25;	$35 In-person on April 30, May 1, and race day

MAKE CHECKS PAYABLE TO:
SACFIT – PARKWAY HALF MARATHON

SORRY, NO REFUNDS

POSTMARK BY APRIL 25, 2009 and MAIL TO:
PARKWAY HALF MARATHON
592 COLOMA WAY
SACRAMENTO, CA 95819

RACE is MAY 2, 2009 at WILLIAM POND PARK Walkers Start: 7:15AM / Runners Start 8:15AM / 5K 8:30AM

Waiver and Signature: In consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself and my heirs, executors, administrators waive and release any and all rights and claims for damages I may accrue against the persons and organizations affiliated with the race including but not limited to American River Parkway Half Marathon, SacFit, Capital Road Race Management, American River Parkway Foundation, City and County of Sacramento, all sponsors, volunteers, marathon staff, subcontractors, agents, attorneys, and representatives for any and all injuries that I may suffer while participating in the Marathon or any of its allied or accompanying events, or en route to and from the events. I consent to the use of my image in photos, videos and audio recording and film, of my participation in all Marathon events. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed M.D. during the last 6 months. As part of the waiver, I acknowledge that I have read and understand all of the above.

_____ _____
Signature of Applicant Date
(Half Marathon applicants must be 13 years of age)

_____ _____
Parent/Guardian Signature for all participants Under 18 years of age Date