

Milwaukee's LAKEFRONT MARATHON, October 3, 2010

OFFICIAL ENTRY FORM (or register ON-LINE at www.active.com)

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

F or M _____

Sex _____ Race day age / date of birth (MM/DD.YR - must be 16+) _____ Phone _____

FIRST marathon? Y or N? If not, what is your marathon PR, what year was it set? _____

If you are racing as a Clydesdale or Athena, what is your weight? _____

MARATHON ONLY:

DIVISION (circle one):

Male Female Wheelchair
Clydesdale (male) / Athena(female)

SHIRT - tech long sleeve RaceReady (circle one):

XS Small Medium Large XL XXL

MARATHON FEES

By March 15 - \$65; March 16 until full \$70

NO RACE DAY REGISTRATION!

(non-refundable, non-transferable)

RELAY ONLY (THREE-person teams):

DIVISION (circle one):

Male Female Mixed Corporate
Male Mstrs Female Mstrs Mixed Mstrs

SHIRT - tech long sleeve RaceReady (circle one):

XS Small Medium Large XL XXL

TEAM NAME: _____

RELAY FEES (entire team)

By March 15 \$140

March 16 until full \$150

No changes in team members after Sept. 15

Team entries must be submitted together!

Amount Paid: \$_____ Checks payable to **Lakefront Marathon**. Mail entry with payment to: Milwaukee's Lakefront Marathon, P.O. Box 185, Milwaukee, WI 53201-0185

ChampionChip® No. _____ (if you have your own chip)

Badgerland Strider member? Yes or No? E-mail address: _____

In the case of my requiring emergency medical treatment while I am at Milwaukee's Lakefront Marathon event, I consent to allowing medical personnel including first aid volunteers, ambulance personnel, emergency medical personnel, firefighters, police officers and race officials to communicate information regarding my identification and basic medical condition to Lakefront Marathon medical providers and officials as deemed necessary for medical and logistical reasons. Additionally, I consent to allowing information on my basic medical condition to be disclosed to my emergency contact (print name, relationship; and phone - if none write "none" _____)

Phone: () _____

Waiver: I certify that I am eligible to participate in this competition under USAT&F rules. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Badgerland Striders, the counties, cities and villages in which the race is contested, and their affiliates, agents, servants, employees, assigns, successors, and heirs and any other sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am an amateur and that I will participate in the vent as a footrace, that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor: I acknowledge that using a portable listening device increases my risk. Further, I hereby grant full permission to any and all of the foregoing to use my name, likeness and voice, as well as any photographs, videotapes, motion pictures, recordings and any other record of this event in which I may appear for any legitimate purpose including television broadcast of the event, the reuse in any media of this broadcast and in advertising and promotion for such broadcast and reuse. I understand that the race may be cancelled or postponed due to natural disaster or other similar causes. Fees are non-refundable.

Participant signature (parent must sign if participant under 18

Date (MM/DD/YR)