Registration

| Name (firs | t) | | (last) | | | | | | |
|---|--------------------------|----------------|----------|----------|----------|--------|----------|----------|---------|
| | | _L_L | _L_L | _ | | _ L | .L_L | _ L_ | .L_ |
| Address | 1 1 1 1 | 1 1 1 | 1 1 | 1 | | ı | Apt./Su | ite I | ı |
| City | | | | | | _ | | _ | - L |
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| State | Zip | Cou | ıntry | | | | | | |
| Discussion of the last of the | | | _L_L | | | | <u></u> | _ L | |
| Phone | | 1 1 1 | 1 1 | | | 1 | 1 1 | 1 | ı |
| E-Mail | | | | | | | | | |
| | | | _L_L | | | _ L_ | | | |
| M F | Birthdate | | Estimat | ed Finis | sh Time | | | | |
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| Emergence | y Medical Contact (N | lame) | | | | | | | |
| | | | _L_L | _ L | | _ L | - L | _ L | |
| Emergenc | cy Contact (Phone) | 1 1 1 | 1 1 | ı | | 1 | 1 1 | 1 | ı |
| | L L L L vn allergies | | | | | | | | |
| 7 triy kilow | in unergies | | | | | | | | |
| Any know | n illnesses | | | | | | | | |
| Division: | (Circle all events to e | enter) | | | | | | | |
| | · 1 Owens Corning Ha | * | 5K Ma | aratho | n Team | Relay | Kids | Mara | thon |
| Walker? \ | //N Wheeler | (marathon only | y)? Y/N | F | irst Tim | e Mara | athon? | Y/N | |
| | hort Sleeve Tech Shi | • | | | | | | | |
| | | S M L XL XX | - | | | | | | |
| | | S M L XL | | | | | | | |
| • | ision: (Circle division) | | | | | | | | |
| | : Open Masters | | | | | Mast | ers Gr | and M | lasters |
| | linimum of 2 females | • | • | | ers | | | | |
| | ny combination from | | • | ations) | | | | | |
| | TION: Any combination | | poration | | | | | | |
| | Any combination from | one school | | | | | | | |
| | ne: | | | | | | | | |
| Total E | nclosed:\$ | | | | | | | | |

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, THE UNIVERSITY OF TOLEDO, THE TOLEDO BLADE, THE RACE DIRECTOR, AND ALL RELATED PARTIES FOR ANY AND ALL INJURY OR DAMAGE RESULTING FROM PARTICIPATING IN THE ABOVE EVENT. I AM IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN THIS EVENT.

Signature

Please mail registration forms by 3/31/13 to:

Toledo Roadrunners - Medical Mutual Glass City Marathon 21803 McCutcheonville Bowling Green, Ohio 43402