

2015 NATIONAL DISTANCE RUNNING HALL OF FAME RACE

1. CHECK THE RACES YOU ARE ENTERING

<input type="checkbox"/> 1/2 MARATHON 8:00am 5/17/2015	<input type="checkbox"/> 1/2 MARATHON 2- Person RELAY 8:00am – 5/17/2015	<input type="checkbox"/> 5K 8:10 am 5/17/2015
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Relay Team Name _____

RACE USE ONLY

2. LAST NAME

3. FIRST NAME

M.I.

4. STREET ADDRESS/APARTMENT NUMBER

5. TOWN/CITY

6. STATE/PROVINCE

7. ZIP/POSTAL CODE

8. SEX – M/F

9. AGE – On 5/17/2015

10. DATE OF BIRTH

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11. DAYTIME TELEPHONE NUMBER

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12. COUNTRY (If not USA)

13. NIGHT TELEPHONE NUMBER

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14. EMERGENCY CONTACT NAME

15. EMERGENCY PHONE NUMBER

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16. EMAIL ADDRESS (Please print)

17. T-shirt Size:

S, M, L, XL

18. Registration Fees
PRE REGISTRATION FEES: Entry postmarked through 5/9/2015 \$35.00 _____

IN PERSON SATURDAY 5/16/2015: \$45.00 _____

NO ENTRIES POSTMARKED AFTER 5/9/2015 ACCEPTED.
19. METHOD OF PAYMENT (Credit Cards will be accepted online only)

CHECK ___ CASH ___ MONEY ORDER ___

NO ENTRIES POSTMARKED AFTER 5/9/2015 ACCEPTED.

 Send check made payable to NATIONAL DISTANCE RUNNING HALL OF FAME. U.S. CURRENCY ONLY

20. I know that running a road race is potentially a hazardous activity. I should not enter and run 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 the risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the National Distance Running Hall of Fame Race, City of Utica, New York State Canal Corp., Utica Roadrunners and their sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Entry fee will not be returned due to "acts of God." I consent to the use of my likeness for National Distance Running Hall of Fame promotional materials.

SIGNATURE _____ DATE _____

PARENTS SIGNATURE (If under 18 years) _____ DATE _____

21. MAIL TO: National Distance Running Hall of Fame Race – P.O. Box 512 – Utica, New York 13503-0512 – Phone: 315.724.4525

NO RACE DAY REGISTRATION
ALL ENTRY FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE
 distancerunning.com