

# 2010 REGISTRATION FORM

You can also apply online at [INGMiamiMarathon.com](http://INGMiamiMarathon.com)

IMM10.0



Check the event you are entering. Entry is **NON-REFUNDABLE AND NON TRANSFERABLE**.

Event	Before 07/09	Before 09/30	Before 12/09	Before 01/22	Expo	US Dollars Only	Wheelchair Participants
____ Marathon	\$85	\$90	\$95	\$100	\$125	\$ _____	____ Pushrim Division
____ Half Marathon	\$60	\$65	\$70	\$75	\$125	\$ _____	____ Ambulatory Disabled
Senior Discount (take \$5.00 off if over 60 years old)						\$ (_____)	
						Total Enclosed: \$ _____	

In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. You must wear an official race number and must be able to complete the marathon in 6 hours or the half marathon in 3.5 hours. PHOTO ID is necessary for packet pick-up. NO RACE DAY PACKET PICKUP. NO RACE DAY REGISTRATION. Coaches, skateboards, skates, baby joggers, bikes, and animals are prohibited on the course. Online and mail in registration for the marathon and half marathon closes on January 22, 2010.

## Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name on Bib: \_\_\_\_\_  
(10 letter max, only if registered by 11/20/09)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Sex: M F Date of Birth: MM / DD / YYYY Age on 01/31/10: \_\_\_\_\_  
(must be 16 for marathon and 14 for half)

Email Address: \_\_\_\_\_ T-Shirt Size: XS S M L XL Would you like to receive updates via text message? YES NO  
(circle one) (circle one)

Estimated Finish Time: Hr \_\_\_\_ Min \_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
(required for Start Order)

## Survey

Would you like training information? Yes No

Are you a Miami-Dade County resident? Yes No  
(if you answered yes, please proceed to waiver)

How many nights will you be staying in Miami? \_\_\_\_\_

How are you getting to Miami? Fly Drive

How many people will be traveling with you, including yourself? \_\_\_\_\_

If flying, which airline? \_\_\_\_\_

Where will you be staying? Family Friends Hotel Other

Mail completed entry form with fee payable by check or money order in US Dollars to:

US Road Sports & Entertainment of Florida, LLC  
 Attn: Registration  
 PO Box 56-1081  
 Miami, FL 33256

## Marathon Seeded Numbers - Proof Required

Qualifying Time

If your entry has been postmarked by 12/31/09 and submitted with proof (copy of race results, certificate or finisher's postcard) of having completed a marathon since 01/01/08 in a time faster than those listed, you will be considered for a seeded number. Seeded numbers are not guaranteed.

Men - 03:10:00 Women - 03:45:00

Hr \_\_\_\_ Min \_\_\_\_ Sec \_\_\_\_

## Waiver - Required

All participants in the ING Miami Marathon and Half Marathon and related events are required to assume all risk of participation in the events by signing this general release agreement: The undersigned athlete (Athlete) and on behalf of Athlete's personal representatives, assigns, heirs, and executors, fully and forever releases from all liability, including negligence, the City of Miami and Miami Beach, Miami-Dade County, ING Miami Marathon and Half Marathon, USAITF, ING, US Road Sports & Entertainment of Florida, LLC, US Road Sports & Entertainment Group, LP and each of its respective past, present and future shareholders, directors, officers, members, managers, employees, agents, parents, subsidiaries, affiliates, successors and assigns, all municipal agencies whose property or personnel are used, and all other sponsoring or co-sponsoring companies or individuals related to the Marathon and Half Marathon (collectively Releasees). Athlete and on behalf of Athlete's personal representatives, assigns, heirs and executors waives the right to sue Releasees for all losses and damages that arise from any injury to Athlete or Athlete's property or resulting in Athlete's death in connection with the Athlete's participation in the Marathon or Half Marathon including but not limited to losses or damage caused by the negligence of all or any of the Releasees or otherwise, and also including any pre or post-race activities and any programs and/or giveaways conducted at the events/activities by a sponsor or other third party. The Athlete warrants that Athlete is in good physical condition and is able to safely participate in the Marathon or Half Marathon. The Athlete is fully aware of the risks and hazard inherent in participating in the Marathon or Half Marathon and elects to voluntarily compete in the Marathon or Half Marathon knowing such risks. The Athlete agrees to the use of Athlete's name and photograph in broadcasts, newspapers, brochures, and other media without compensation. The Athlete acknowledges that the entry fee is non-refundable and non transferable. The Athlete grants to the Medical Director of the Marathon, Half Marathon and the University of Miami Medical Group and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. The Athlete acknowledges that US Road Sports & Entertainment of Florida, LLC has the right to alter, change, cancel and/or postpone any of these events as a result of circumstances that would affect or impact the event which are beyond their control. The Athlete warrants that all statements made in this release agreement are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Marathon or Half Marathon. Athlete has read the foregoing and intentionally and voluntarily certifies compliance by accepting this waiver. If athlete is under age 18: The undersigned certifies that my son/daughter has my permission to participate in the Marathon or Half Marathon. The undersigned has read the foregoing release and waiver of liability agreement (above) and by signing below intentionally and voluntarily agrees to its terms and conditions. The undersigned further certifies that my son/daughter is in good physical condition and is able to safely participate in the Marathon or Half Marathon. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature of Applicant

Date

Signature of Parent or Legal Guardian (if applicant is under 18)

Date