Center of the Nation Series - 2015 5 Days, 5 Marathons, 5 States! Entry Form

First Name:	Last Name:						
Address:							
City:				State:Count	ry		Zip
Phone:		Ema	ail:				
Birthdate:	Age at Race:			Gender: M F	Shirt		M L XL XX er Specific
Of the event that yo	u are doing,	how mai	ny have y	you run (or walked)?_			-
Expected Finish Time	e:		Nar	me on Bib:			
	FULL	HALF	5K	Prices t	for each	day:	
Sep 14, 2015 MT				by Apr 30, 2015, fu	ıll: \$90	half: \$70	5K: \$30
Sep 15, 2015 ND				by Jun 30, 2015, fu	II: \$110	half: \$90	5K: \$30
Sep 16, 2015 SD				by Sep 8, 2015, fu	ıll: \$130	half: \$110	5K: \$30
Sep 17, 2015 WY				after that, fu	II: \$150	half: \$130	5K: \$40
Sep 18, 2015 NE				\$10 per day discou	\$10 per day discount for active military		
Sep 19, 2015 CO				or any club that lis	ts these o	on their cale	ndar.
Total \$\$\$ Enclosed:				Discounts are for n	narathon	and half on	ly.
Club Name or Active Military (Y/N)			No mail in registra	No mail in registration after September 6.			
				No online registrat	ion after	Sep 10, 201	5.
How did you hear about	this event (or	which web	osite)?				_

Send to: Mainly Marathons, POB 152, Organ, NM 88052

Questions? clint@mainlymarathons.com

Center of the Nation Series

PARTICIPANT WAIVER AND RELEASE OF LIABILITY,

Specific Event Waiver Form for ADULTS (Age 18 or ol Event Name:	Event Date(s):
Event Location:	
For and in consideration of USA Track & Field, Inc. ("USA Track & Fsanctioned event described above (the "Event" or "Events"); I, for rand any legal and personal representatives, executors, administrators representations pursuant to this Waiver and Release of Liability, Assu. I. I hereby represent that (i) I am at least eighteen (18) years of age of the Event; and (iii) I am not under the influence of alcohol or any illicit participate in the Event. I agree that it is my sole responsibility to dete Event, that I am responsible for my own safety and well-being at all til 2. I understand and acknowledge that participation in track & field, road Events is inherently dangerous and represents an extreme test of a padangers associated with participation in the Event and sport of track & bodily injury, sickness and disease, permanent disability, paralysis are conditions and circumstances; contact with other participants, spectal adverse weather conditions; imperfect course or track conditions; land participants of varying skill levels; situations beyond the immediate corpresently unknown risks and dangers ("Risks"). I understand that the actions or inactions of others participating in the Event, or the neglige	or older; (ii) I am in good health and in proper physical condition to participate in it or prescription drugs which would in any way impair my ability to safely termine whether I am sufficiently fit and healthy enough to participate in the
Event.	, habilities, losses of expenses which finds as a result of my participation in any
3. I agree to be familiar with and to abide by the Rules and Regulation adopted by USA Track & Field and any safety regulations established conduct and actions while participating in the Event, and the condition 4. I hereby Release, Waive and Covenant Not to Sue, and further agrifield, Inc., its members, member clubs, associations, sport disciplines Organizers and Promoters, Sponsors, Advertisers, Mainly Marathons Property Owners or Operators upon which the Event takes place; Lavevent; and each of their respective parent, subsidiary and affiliated comployees and volunteers (Individually and Collectively, the "Reledemand(s), cause(s) of action, damage(s), loss or expense (including which may arise out of, result from, or relate in any way to my particip negligent acts or omissions of the Released Parties. If as a result of nonsent to provide such medical care as is deemed necessary. I undicircumstances, or if I am unable to attend, Mainly Marathons is not lia results, photos, and video and audio recordings. I understand that must further agree that if, despite this Agreement, I, or anyone on my behalf indemnify, defend and hold harmless each of the Released Parties from hereby warrant that I am of legal age and competent to enter into this conditions, acknowledge that I will be giving up substantial legal rights next of kin, and any legal and personal representatives, executors, acknowledge that I will be giving up substantial legal rights next of kin, and any legal and personal representatives, executors, acknowledge that I will be giving up substantial legal rights next of kin, and any legal and personal representatives, executors, acknowledge that I will be giving up substantial legal rights next of kin, and any legal and personal representations, statements or incorporations and provisions of this Agreement regarding these issues and no oral representations, statements or incorporations.	gree to Indemnify, Defend and Hold Harmless the following parties: USA Track & es and divisions; United States Olympic Committee (USOC); the Event Directors, s, LLC, Coaches and Officials; the Host Organization and the Facility, Venue and aw Enforcement Agencies and other Public Entities providing support for the companies, officers, directors, partners, shareholders, members, agents, leased Parties" or "Event Organizers"), with respect to any liability, claim(s), age court costs and reasonable attorneys fees) of any kind or nature ("Liability") apation in the Event, including claims for Liability caused in whole or in part by the my participation in this event I require medical attention, I hereby give my derstand that if this event cannot be held as scheduled due to unforeseen liable to refund any money paid by me. I grant permission for the release of my my entry fees are non-refundable and my race number may not be transferred. I alf, makes a claim for Liability against any of the Released Parties, I will from any such Liabilities which any may be incurred as the result of such claim. I as Agreement, that I have read this Agreement carefully, understand its terms and attack by signing it (including the rights of my spouse, children, guardians, heirs and administrators, successors and assigns), acknowledge that I have signed this tend for my signature to serve as confirmation of my complete and unconditional nt. This Agreement represents the complete understanding between the parties aducements have been made apart from this Agreement. If any provision of this able, then that provision shall be deemed severable from this Agreement and
Print Name:	Age: Date of Birth: / /
Home Address:	Home Tel.: ()

Signature of Participant Date Signed