

**Day of the Dead Marathon Series**  
**7 Days, 7 Marathons, 7 Half-Marathons!**  
**Las Cruces, New Mexico**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Gender: M F      Shirt Size: SM M L XL  
Gender Specific

Expected Finish Time: \_\_\_\_\_ Name on Bib: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

<b>2015</b>	<b>FULL</b>	<b>HALF</b>	<b>5K</b>	<b>Prices for each day:</b>
Day 1 Saturday, Oct. 31	_____	_____	_____	by July 30, full: \$90 half: \$70 5K: \$30
Day 2 Sunday, Nov. 1 "El Maraton del Rio Grande"	_____	_____	_____	by Sep. 15, full: \$110 half: \$90 5K: \$30
Day 3 Monday, Nov. 2	_____	_____	_____	by Oct. 15, full: \$130 half: \$110 5K: \$40
Day 4 Tuesday, Nov. 3	_____	_____	_____	after that, full: \$150 half: \$130 5K: \$50
Day 5 Wednesday, Nov. 4	_____	_____	_____	
Day 6 Thursday, Nov. 5	_____	_____	_____	
Day 7 Friday, Nov. 6	_____	_____	_____	

Total \$\$\$ Enclosed: \_\_\_\_\_

Of the event that you registered for, how many have you done before: \_\_\_\_\_

\$10 per day discount for active military and members of any running club that includes these races in their calendar, marathons and halves. No discounts on the 5K's.

Qualifying Club: \_\_\_\_\_

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

No mail in registration after October 21

Questions? [clint@mainlymarathons.com](mailto:clint@mainlymarathons.com)

[MainlyMarathons.com](http://MainlyMarathons.com)

# PARTICIPANT WAIVER AND RELEASE OF LIABILITY, Day of the Dead Series

## ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

### Specific Event Waiver Form for ADULTS (Age 18 or older)

Event Name: Day of the Dead Series \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

For and in consideration of USA Track & Field, Inc. ("**USA Track & Field**") allowing me, the undersigned, to participate in the USA Track & Field sanctioned event described above (**the "Event" or "Events"**); I, for myself, and on behalf of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (**the "Agreement"**);

1. I hereby represent that (i) I am at least eighteen (18) years of age or older; (ii) I am in good health and in proper physical condition to participate in the Event; and (iii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event, that I am responsible for my own safety and well-being at all times and under all circumstances while at the Event site.

2. I understand and acknowledge that participation in track & field, road running, race walking, cross country, mountain, ultra, and trail running Events is inherently dangerous and represents an extreme test of a person's physical and mental limits. I understand and acknowledge the risks and dangers associated with participation in the Event and sport of track & field and related activities, including without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; contact with other participants, spectators, animals or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course or track conditions; land, water and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("**Risks**"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in any Event.

3. I agree to be familiar with and to abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USA Track & Field and any safety regulations established for the benefit of all participants. I accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.

4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USA Track & Field, Inc., its members, member clubs, associations, sport disciplines and divisions; United States Olympic Committee (USOC); the Event Directors, Organizers and Promoters, Sponsors, Advertisers, Mainly Marathons, LLC, Coaches and Officials; the Host Organization and the Facility, Venue and Property Owners or Operators upon which the Event takes place; Law Enforcement Agencies and other Public Entities providing support for the Event; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (**Individually and Collectively, the "Released Parties" or "Event Organizers"**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature ("**Liability**") which may arise out of, result from, or relate in any way to my participation in the Event, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. If as a result of my participation in this event I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary. I understand that if this event cannot be held as scheduled due to unforeseen circumstances, or if I am unable to attend, Mainly Marathons is not liable to refund any money paid by me. I grant permission for the release of my results, photos, and video and audio recordings. I understand that my entry fees are non-refundable and my race number may not be transferred. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim. I hereby warrant that I am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ Home Tel.: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant Date Signed

Parent's Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_