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

First Name:	Last Name:					
Address:						
City:		Sta	te:C	ountry	Zip	
Phone:	Em	ail:				
Birthdate:	Gender: M F Shirt Size: SM M L XI					
Age on Race Day:		Expected Finish Time:				
How did you hear about this	event?					
2014	FULL	HALF	Prices for each day:			
Day 1 Monday, Oct. 27			by Au	g. 31, full: \$80	half: \$60 5K: \$40	
Day 2 Tuesday, Oct 28			by Oc	t. 15, full: \$100	half: \$80 5K: \$45	
Day 3 Wednesday, Oct. 29			after t	that, full: \$120	half: \$100 5K: \$50	
ay 4 Thursday, Oct. 30						
Pay 5 Friday, Oct. 31						
ay 6 Saturday, Nov. 1						
Day 7 Sunday, Nov. 2 El Maraton del Rio Grande"			5K 			
otal \$\$\$ Enclosed:						
Of the event that you registered fo	or, how many	nave you done b	efore:			
510 per day discount for active mil marathons and halves. No discour Qualifying Club:	nt for Sunday's	5 5K.	-			

Send to: Mainly Marathons, POB 152, Organ, NM 88052 No mail in registration after October 16

Questions? clint@mainlymarathons.com 575-382-8869 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	er)
Event Name:	Event Date(s):
Event Location:	
sanctioned event described above (the "Event" or "Events"); I, for my	d") allowing me, the undersigned, to participate in the USA Track & Field self, and on behalf of my spouse, children, guardians, heirs and next of kin, successors and assigns, hereby agree to and make the following contractual
representations pursuant to this Waiver and Release of Liability, Assum	
	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 participate in the Event. I agree that it is my sole responsibility to determ	
Event, that I am responsible for my own safety and well-being at all time	
2. I understand and acknowledge that participation in track & field, road	running, race walking, cross country, mountain, ultra, and trail running
, , ,	son's physical and mental limits. I understand and acknowledge the risks and
	eld and related activities, including without limitation, the potential for serious oss of life; loss of or damage to equipment/property; exposure to extreme
conditions and circumstances; contact with other participants, spectator	
	water and surface hazards; equipment failure; inadequate safety measures;
	rol of the Event Organizers; and other undefined, not readily foreseeable and 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	
	bilities, losses or expenses which I incur as a result of my participation in any
Event.	
3. Lagree to be familiar with and to abide by the Rules and Regulations adopted by USA Track & Field and any safety regulations established for a safety regulation.	established for the Event, including but not limited to the Competitive Rules
conduct and actions while participating in the Event, and the condition a	
	to Indemnify, Defend and Hold Harmless the following parties: USA Track &
	nd divisions; United States Olympic Committee (USOC); the Event Directors,
	LC, Coaches and Officials; the Host Organization and the Facility, Venue and inforcement Agencies and other Public Entities providing support for the
Event; and each of their respective parent, subsidiary and affiliated com	
	ed Parties" or "Event Organizers"), with respect to any liability, claim(s),
	ourt costs and reasonable attorneys fees) of any kind or nature ("Liability")
	on 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 consent to provide such medical care as is deemed necessary. I under	
	e 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 e	ntry 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, indemnify defend and hald harmless each of the Released Parties from	
	any such Liabilities which any may be incurred as the result of such claim. I greement, that I have read this Agreement carefully, understand its terms and
	y signing it (including the rights of my spouse, children, guardians, heirs and
	inistrators, successors and assigns), acknowledge that I have signed this
	for my signature to serve as confirmation of my complete and unconditional
	his Agreement represents the complete understanding between the parties ements have been made apart from this Agreement. If any provision of this
	, then that provision shall be deemed severable from this Agreement and
shall not affect the validity and enforceability of any remaining provision	•
Print Name:	Age: Date of Birth:/
Home Address:	Age: Date of Birth: /
Signature of Participant Date Signed	<del></del>

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