

UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER



NOVEMBER 24
2012

KIDS
MARATHON
2012



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

visit us online at

seattlemarathon.org

FILL OUT COMPLETELY • PRINT CLEARLY • ONE ENTRANT PER FORM • COPIES OK



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

KIDS MARATHON 2012

SATURDAY NOVEMBER 24, 2012

Birthdate mm/dd/yy

First Name

Last Name

Street Address

City State/Prov. ZIP or Postal Code

E-mail

Day Phone Eve. Phone Gender M F

FOR OFFICE USE ONLY: TS:

PAYMENT INFORMATION

Entry Fee (non-refundable) **\$20**
Bib Number for Raceday

CHECK # CASH

CREDIT CARD #

EXP / / (V number: Last 3 or 4 digit number on back of card) V#

Make Checks Payable to: Seattle Marathon Association
Send Check and Completed Entry Form to:
Seattle Marathon Association
PO Box 31849, Seattle, WA, 98103

NO REFUNDS

**NO TRANSFERS, NO ROLLOVERS
NO MEDICAL COMPS**

WAIVER: I know that running a road race is a potentially hazardous activity for my child. I should not enter my child or let him/her run unless he/she is medically able and properly trained. I agree to abide by any decision of a race official relative to my child's ability to safely complete the run. I assume all risks associated with my child running in this event, including, but not limited to tripping and falling, contact with other participants, the effects of weather, 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 acceptance of my child's entry, I, for my child and anyone entitled to act on my child's behalf, waive and release Seattle Children's, the University of Washington, University of Washington Medical Center, The State of Washington, Washington State Dept. of Transportation, Seattle Center, Seattle Public Schools, The City of Seattle, Road Runners Club of America, the Seattle Marathon Association, all sponsors, contractors and volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my child's 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. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that my child's entry fee is non-refundable. As the parent of my child, who is under 18 years of age, I certify that my child has permission to compete in the event, is in good physical condition and the event officials may authorize necessary medical treatment. I understand that this event is RRCA sanctioned and that bicycles, skateboards, baby strollers, roller-skates or blades, animals and headsets are not allowed in the race and I will abide by these guidelines.

PARENT ENTRY

First Name

Last Name

WAIVER: I know that running a road race is a potentially 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 risks associated with running this event, including, but not limited to tripping and falling, contact with other participants, the effects of weather, 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 acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Seattle Children's the University of Washington, University of Washington Medical Center, The State of Washington, Washington State Dept. of Transportation, Seattle Center, Seattle Public Schools, The City of Seattle, Road Runners Club of America, the Seattle Marathon Association, all sponsors, contractors and volunteers, 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. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that my child's entry fee is non-refundable. I understand that this event is RRCA sanctioned and that bicycles, skateboards, roller-skates or blades, animals and headsets are not allowed in the race and I will abide by this guideline.

▼ YOU MUST SIGN BELOW TO COMPLETE THIS ENTRY FORM ▼

▶ Signature of Parent or Guardian (Required):

Date: