☐ MARATHON ☐ MARATHON WALK ☐ HALF MARATHON ☐ HALF MARATHON WALK ☐ 5K RACE

PRINT CLEARLY • ONE ENTRANT PER FORM / COPIES OK • NO RACE DAY REGISTRATION, #, OR CHIP PICK UP

First Name | Last Name | Birthdate mm/dd/yy | ☐ Male ☐ Female

Mailing Address

City | State/ Prov. | Zip/ Postal Code

E-Mail

Day Phone | Eve. Phone

Project your finish time. Person closest to projected time will be eligible for prizes. ___ : ___ : ___

Number of Marathons Completed (Full or Half) ___

Is this your first Marathon? (Full or Half) Y N

THIS SECTION TO BE COMPLETED BY EVERYONE FOR DEMOGRAPHIC INFORMATION

Male ☐	19 & Under ☐	30-34 ☐	45-49 ☐	60-64 ☐	75-79 ☐	Amica Customer ☐
Female ☐	20-24 ☐	35-39 ☐	50-54 ☐	65-69 ☐	80 & Over ☐	
Wheelchair ☐	25-29 ☐	40-44 ☐	55-59 ☐	70-74 ☐	Active Military ☐	

RUN FOR A REASON:

If you would like to make your run count for more, visit www.seattlemarathon.org where you can donate directly to our Charity Partners.

Are you a Registered Organ Donor? ☐ Yes! ☐ No. ☐ I would like more information about becoming an Organ Donor

Please do NOT mail me printed versions of the : ☐ Event Guide ☐ Results Issue — I prefer to look at the information online.

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 Amica Mutual Insurance Company, its subsidiaries and affiliates, 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 and I understand that my name will be posted on the Seattle Marathon Association website as a participant of the 2012 event. I also understand that my entry fee is non-refundable. A parent must sign if entrant is under 18 years of age. This is to 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 this guideline. I further agree to return the timing chip that is issued to me at the completion of the race or pay a $40 replacement fee, no refunds.

Signature _____ Date ____/____/____

Parent's Signature (If under 18, signature of Parent/Guardian is required) _____

Registration Fees (US Funds Only)

Early Bird Registration valid until 5-31-12
After 5-31-12, contact the Seattle Marathon at 206.729.3660 for a regular Registration Form or visit us at www.seattlemarathon.org

Marathon Run	____	$80
Marathon Walk	____	$80
Half Marathon Run	____	$70
Half Marathon Walk	____	$70
Senior Discount (60+)	____	-$10
5K Race *(senior discount does not apply)*	____	$30
Massage	____	$18
Acupuncture		FREE
Carbo Load Dinner	____	$22
Saturday Bus Course Tour (1:00 pm at the Westin)	____	$18

Finishers Shirts (optional) please circle the size you would like
(This is not the shirt that is included in your entrance fee.)

FINISHERS SHIRT ORDERS MUST BE PLACED BY 10/15/11

Short sleeve technical shirt .. (XXS) (XS) (S) (M) (L) (X) (XX)*	____	$25
Long sleeve 1/4 zip technical shirt (S) (M) (L) (X) (XX)* Men's ☐ Women's ☐ (MEN'S & WOMEN'S AVAILABLE)	____	$45
Long sleeve hoody ..... (S) (M) (L) (X) (XX)*	____	$37

* Available by pre-order ONLY. These items will not available at the event.

TOTAL $ _____

PLEASE CHOOSE YOUR METHOD OF PAYMENT:

☐ CASH ☐ CHECK # _____
Please make Checks Payable to: Seattle Marathon

☐ VISA ☐ MASTERCARD
Credit Card Number:

____/____/____/____

EXP DATE ____/____ SECURITY CODE _____
(This 3 digit code is located on the back of your card.)

Cardholder Signature X _____

NO REFUNDS
NO TRANSFERS, NO ROLLOVERS
NO MEDICAL COMPS

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

saucony

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AIMS
RRCA