

2017 Gettysburg North-South Marathon & 10K Registration Form

Please complete this in clear printing so we can process it accurately

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male / Female (please circle)

Email Address: _____

Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone: _____ Shirt Size: Womens- Small / Medium / Large /
Mens - Small / Medium / Large / X-Large / XX-Large

Emergency Contact: _____ Phone: _____

What side do you wish to run for (please circle): North / South

How did you hear about this race (search engine, other website, word out mouth, did it in the past, other)?

Please list any medical issues that you have (confidential): _____

Entry Fee (check box):

Postmarked by 12/31/16: 10K - \$40 _____ Marathon - \$80 _____

Postmarked by 3/27/17: 10K - \$60 _____ Marathon - \$100 _____

Total Enclosed _____

Waiver

I know and understand that running in a road race is a potentially hazardous activity. I attest that I am medically able to run and properly trained for the event. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume any and all risks associated with running in this event, including to but not limited to: falls, contact with other participants, effects of the weather, traffic, the condition of the road, and gastrointestinal discomfort. All such and related risks are known and appreciated by me.

Having read and understood this waiver and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, hereby waive and release the Gettysburg North-South Marathon, 2L Race Services, LLC, race organizers and volunteers, and all sponsors, their representatives and successors from all claims or liabilities of any kind resulting from 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 attest that I am aware this is a demanding physical activity and have consulted my doctor or other qualified medical professional to ensure that I am in proper physical health to undertake this running event.

I grant permission to all foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes. I understand that headphones, bicycles, and strollers are not allowed in any event. I will abide by these guidelines.

The race will be held rain or shine. No refunds or entry transfers will be granted.

Signed: _____ Date: _____

Please mail along with check payable to: "2L Race Services"
1144 Cotswold Lane
West Chester, PA 19380