

MOUNT DESERT ISLAND MARATHON



PO BOX 117, NORTHEAST HARBOR, MAINE, 04662,
207-276-4226
MDIMARATHON.ORG

Offline Application for the October 17, 2010 Mount Desert Island Marathon®
PLEASE PRINT CLEARLY

PUBLIC SAFETY RELAY

PLEASE NOTE: NO ENTRY FEE REQUIRED FOR PUBLIC SAFETY TEAMS

EACH TEAM MEMBER

(5 members per team, maximum)

MUST COMPLETE A COPY OF THIS FORM AND MAIL TO THE ABOVE ADDRESS

By October 8, 2010

Department Name: _____

T-Shirt Size: (check one) Small _____ || Medium _____ || Large _____ || Xtra-Large _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Age on 10/18/2009: _____ Date of Birth (mm/dd/yyyy): _____ Gender: ___M___F

WAIVER OF LIABILITY

I know that participating in this running event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily assuming all risks associated with participating in this running event including, but not limited to, falls, contact with other participants, spectators or others, the effects of weather, including heat, cold and/or humidity, traffic and other conditions of the course, all risks being known and appreciated by me. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive, release, and hold harmless the organizers, officials, volunteers, sponsors, the Towns of Bar Harbor, Mount Desert, Southwest Harbor each and any of their representatives and successors, for 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 persons named in this waiver. The race committee reserves the right to accept or reject any entries.

BY SUBMITTING THIS APPLICATION I AGREE TO THE ABOVE WAIVER OF LIABILITY

Signature: _____ Date: _____

Parent or Guardian if under 18 must sign: _____