

MARATHON
 HALF MARATHON
 MARATHON WALK
 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
 Is this your first Marathon? **Y** **N**

THIS SECTION TO BE COMPLETED BY EVERYONE FOR DEMOGRAPHIC INFORMATION

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

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

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, Port 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 2008 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 \$30 replacement fee, no refunds.

Parents Signature _____ (if under 18, signature of Parent/Guardian is required)

P: 206.729.3660 ■ F: 425.671.0135 ■ Toll Free: 1.866.783.9450 ■ info@seattlemarathon.org
www.seattlemarathon.org ■ Seattle Marathon Association, P.O. Box 31849, Seattle, WA 98103-1849



PARTNER entry

Marathon Run	_____ \$65
Marathon Walk	_____ \$65
Half Marathon Run	_____ \$60
Half Marathon Walk	_____ \$60
Senior Discount (60+)	_____ -\$10
5K Race (senior discount does not apply)	_____ \$25
Massage	_____ \$18
Carbo Load Dinner	_____ \$29.50
Saturday Bus Course Tour (1:00 p.m. at the Westin)	_____ \$18

Finishers Shirts (optional)
(this is not the shirt that is included in your entrance fee.)
 Short sleeve shirt S M L XL XXL _____ \$20
 Long sleeve shirt S M L XL XXL _____ \$25
 Long sleeve sweatshirt S M L XL XXL _____ \$32
*XXL: add \$5. Available by pre-order ONLY; not available at event.

FREE ACCUPUNCTURE AVAILABLE AFTER THE RACE

TOTAL \$

Make Checks Payable to:
Seattle Marathon Association

CHECK # _____
(Please fill in check number if paying by check)

CASH BANK CARD

For Payment by Bank Card (Visa or MC only)

Account# _____ / _____ / _____ / _____

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

Cardholder Signature **X** _____

NO REFUNDS
NO TRANSFERS, NO ROLLOVERS
NO MEDICAL COMPS