

NYC Half 2013 Application | March 17, 2013

New York Road Runners, 9 East 89th Street, New York, NY 10128

OFFICE USE ONLY

NYRR

NYRR Number **Please Print** | Application must be postmarked by December 14, 2012. For race information visit nyrr.org.

Last name/Family name

First name/Given name

Middle initial

Male Female

MONTH DATE YEAR

Birth Date

Country of citizenship

Daytime phone (WITH AREA CODE)

Home address (NO P.O. BOXES OR "IN CARE OF" ADDRESSES)

Country of residence

City

State or region / Province

Zip/Postal code

E-mail address (YOU WILL RECEIVE E-MAIL UPDATES ABOUT THE NYC HALF MARATHON.) DO NOT SEND ME E-MAILS ABOUT OTHER NYRR NEWS AND EVENTS.

Team name (FOR AWARDS PURPOSES ONLY.)

HR. MIN. SEC.

Predicted time for this half-marathon (ENTER TOTAL TIME OR MINUTE/MILE PACE)

MIN. SEC.

Emergency contact name

Emergency contact phone

PAYMENT INFORMATION

Select one form of payment: Check or credit card.

Enter credit card number below or send checks made payable to New York Road Runners. Checks must be drawn on a U.S. bank in U.S. currency.

Entry fee for U.S. residents:

\$117 NYRR member \$128 Non-member

All entry fees are nonrefundable. Your credit card will be charged upon acceptance. processing fee for U.S. residents: \$5.00 This fee is required for all applicants. This payment is nonrefundable and will be processed when we receive your application.

Credit card number

MC Visa AmEx

MONTH YEAR

Expiration date

Security code (BACK OF CARD)

DEMOGRAPHIC INFORMATION

Occupation

Company name

Education

- High school
- College
- Graduate school

Marital status

- Single
- Married or partnered
- Divorced
- Widowed

Annual household income

- Under \$50,000
- \$50,001-\$100,000
- \$100,001-\$150,000
- Under \$150,000

ATHLETES WITH DISABILITIES (AWD ONLY: CHECK ONLY ONE)

- Ambulatory disabled
- Push-rim wheelchair
- Handcycle

WAIVER

Please note that participating in a half-marathon is an extremely strenuous activity. Applicants should seriously consider consulting their physicians before committing to participate in this event.

I know that participation in NYRR events 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 entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I grant to the Medical Director of this event and his designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participation in this event. 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 and release New York Road Runners, Inc., Road Runners Club of America, USA Track & Field, the City of New York and its agencies and departments, USA&TF-New York, and all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities.

Permission to Use Record of Participation:

I grant permissions to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in the Events for any legitimate purpose without remuneration.

I accept and agree to the above waiver.

