

OCT-DEC 2012

No refunds, changes, or transfers. One application per registrant. You may photocopy this form.

WAIVER OF LIABILITY: I know that participating 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, vehicular or other traffic, the effect of the weather, including heat and/or humidity, wind, cold temperature, wet or icy surfaces, falling tree branches or other overhead objects, traffic and other conditions of the course, all such risks being known and appreciated by me. I grant to the Medical Director of the 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 the 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 and its Associations, the City of New York and its agencies and departments, and all sponsors and officials of the event, and the volunteers, representatives, and successors of the foregoing, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in the 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. **PUBLICITY RELEASE:** I grant permission 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 event or related activities, including my name, for any legitimate purpose without remuneration.

NYRR Membership No.		E-mail Address	
Last Name (ONLY ONE PERSON PER FORM)		First Name	
Birth Date (month/day/year)		Sex	Day Phone
Emergency Contact Name (required)		Phone	
Mailing Address			
City	State (or country if not USA)		Zip Code
Exact Name of Team			

Check if using: a wheelchair or a handcycle (Check only one)

Signature (or parent's signature if you are under 18)

PLEASE NOTE: ALL RACES WILL BE CAPPED. All information is subject to change; please check the NYRR website for race updates.

Date (Check here to enter)	Event Name	Fee	NYRR Members	NYRR Junior/ Senior Members	All Non- Members
Sunday, October 7 <input type="checkbox"/> 8:30 a.m.	NYRR 5-Borough Series: Staten Island Half-Marathon (S) (Q) Estimated pace per mile: _____	On or before October 6 Limited race-day entries	\$45 \$50	\$20 \$25	\$60 \$65 \$ _____
Sunday, October 14 <input type="checkbox"/> 10:30 a.m.	Grete's Great Gallop in Support of AKTIV Foundation 13.1M (S) (Q)	On or before October 13 Limited race-day entries	\$35 \$40	\$30 \$35	\$50 \$55
<input type="checkbox"/> 9:30 a.m.	Grete's Great Gallop in Support of AKTIV Foundation 1.7M Estimated pace per mile: _____	On or before October 13 Limited race-day entries	\$23 \$24	\$15 \$20	\$37 \$40 \$ _____
<input type="checkbox"/> 8:30 a.m.	Kids' Races (ages 2-12; separate application required)	Kids' races are \$6 in advance or \$8 on race day			
Sunday, October 28 <input type="checkbox"/> 8:30 a.m.	Poland Spring™ Marathon Kickoff (5M) (S) (Q) Estimated pace per mile: _____	On or before August 14 August 15–October 27 Limited race-day entries	\$18 \$23 \$25	\$10 \$15 \$20	\$33 \$37 \$40 \$ _____
Saturday, November 3 <input type="checkbox"/> 8:30 a.m.	NYRR Dash to the Finish Line 5K (S) (Q) Estimated pace per mile: _____	On or before August 24 August 25–October 31 November 1-2 (at the ING NYC Marathon Expo)	\$45 \$50 \$60	\$35 \$40 \$50	\$50 \$55 \$60 \$ _____
Sunday, November 18 <input type="checkbox"/> 8:30 a.m. <input type="checkbox"/> 10:00 a.m.	Race to Deliver (4M) (S) (Q) Estimated pace per mile: _____ Kids' Races (ages 2-12; separate application required)	On or before August 14 August 15–November 17 Limited race-day entries Kids' races are \$6 in advance or \$8 on race day	\$18 \$23 \$25	\$10 \$15 \$20	\$33 \$37 \$40 \$ _____
Sunday, December 2 <input type="checkbox"/> 8:30 a.m. <input type="checkbox"/> TBD	Join The Voices! (5M) (S) (Q) Health Walk (1.7M) Estimated pace per mile: _____	On or before August 14 August 15–December 1 Limited race-day entries	\$18 \$23 \$25	\$10 \$15 \$20	\$33 \$37 \$40 \$ _____
Monday, December 31 <input type="checkbox"/> Midnight	Emerald Nuts Midnight Run (4M) (Q) Estimated pace per mile: _____	On or before August 14 August 15–December 30 Limited race-day entries	\$45 \$55 \$60	\$20 \$25 \$35	\$50 \$60 \$65 \$ _____

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Note: Please confirm race details including start times by checking nyrr.org or calling 212.860.4455.

(s) Scored race

(q) Counts toward the races NYRR members as of January 2012 need to qualify for guaranteed entry to the 2013 ING New York City Marathon

Note: Participants must be 12 years of age or older for NYRR events that are 10K and longer.

Credit cards are not accepted after number pickup begins.

Members must bring their NYRR membership card on race day to receive their member discount.

To apply online (credit card payments only) at nyrr.org

Fax and online registration for each race will close the Tuesday prior to the race at 11:59 p.m. (or earlier if the race has sold out). Entries received after that date will not be processed.

To apply by fax (credit card payments only)

Complete this form with your credit card information and fax it to New York Road Runners at 917.677.8841. Please do not call to confirm receipt of fax.

To apply by mail

Complete this form and mail this entry and your payment (check or credit card information) to: Race Entries, New York Road Runners, 9 East 89th Street, New York, NY 10128. Entries received after a race has sold out will not be processed; fees will be returned.

Enclosed is my check payable to **NYRR**. *Improperly written checks will be returned.*

Please charge my: Visa Mastercard American Express

Credit Card No. _____

Expiration Date (must be December 2012 or later) _____

Card Security Code (CSC) _____

Cardholder Signature _____

Note that there will be no confirmation of your acceptance. Your cancelled check or credit card statement is your receipt.

