

2014 Registration Form Visually Impaired Guide September 20, 2014

Please check the event you are entering:

1 MARATHON HALF MARATHON 10	⟨	5K (Sept	. 19, 2014)
Handcrank Push Rim		Handcrank	Push Rim
2 WAIVER AND RELEASE OF LIABILITY 11 GENERAL	TALENT RE	LEASE	
Marathon, Wright-Patterson Air Force Base, I hereby release and discharge the United States Government, the Department of Defense, the Department of the Air Force, the Air Force Marathon NAF (including its officers, agents, and employees), any other company, organization, or individuals affiliated with the Air Force Marathon hereby grant and release to to (collectively, "AF Marathon Personnel,"), and the officers, directors, agents, employees, or anyone acting on behalf of the AF Marathon Personnel, from any and all claims, demands, or actions or personal injury or property damage, or any other damage or loss which may be caused by any act or failure to act, including engligence by AF Marathon Personnel, which may arise out of my participation in the 2014 Air Force Marathon. Further, I specifically agree that I will indemnify, save, and hold harmless AF Marathon Personnel from any and all losses, claims, actions, or proceedings of any kind or character which may be presented or initiated by me, of action arising from my pa my heirs, or assigns, to recover money, property, or damages or for any injuries to persons or damages to grant, release, and discharge sevants, and employees whe with the United States Government, the Department of Defense, the refered marathon advertisement, or the appearance or the appearance advertisement, or the advertisement, or other recon thereby grant and release to the reby grant and release to	e of an infant or minor child ding or presentation as a re e United States Governme fant or minor child, in any her record of the 2014 Air ny parts thereof, by any me his voluntary grant and rel 5 Government. I release an ticipation or the participati shall inure to the benefit of n acting in their official cap mment, and their heirs, exe	at, release, and discharge certain did for whom I execute custody, sealt of my participation in the 2 sealt of my participation in the 2 from the right to use my name, lik manner, and to photograph, vit Force Marathon; to reproduce, eans, in any manner and for any lease will not be made the basis of discharge the United States Government of the United States Government pacities; and to persons, firms ocutors, administrators, successe ting, or otherwise using the said	in any picture, video, 2014 Air Force Marathon. I ceness, and personal deotage, make motion duplicate, publish, exhibit, purpose whatsoever; and of a future claim of any iovernment from any cause in the production. This , and its officers, agents, or corporations contracting vs, or assigns; and to any
2) I understand and acknowledge that participating in the 2014 Air Force Marathon, will expose me to dangers from both known and unanticipated risk, whether existing because of negligence or otherwise, including but not limited to heat, exhaustion, uneven made, potholes, debris in roadway, lack of close medical care, and motor			DATE
vehicles;		CIPANTS UNDER 18 YEARS OF A	
exercise of this permission to participate in the 2014 Air Force Marathon, and I fully recognize that, if I am	ST BE SIGN	IED TO BE P	ROCESSED
4) I specifically waive any and all claims arising out of such risks and dangerous conditions and understand I	rt Size (Plea	se Check One)
	alf Long Slee	eve Technical S	
5) I have read and understand all rules and regulations that apply to participants of the 2014 Air Force Marathon. MEN'S XS	S M	L XI	_ XXL
WOMEN'S XS	S M	L XI	_ XXL
	K Short Slee	ve Technical S	hirt
MEN'S XS	S M	L X	L XXL
SIGNATURE OF PARENT OR LEGAL GUARDIAN - FOR PARTICIPANTS UNDER 18 YEARS OF AGE DATE WOMEN'S XS	S M	L X	L XXL
<u> </u>	ot will be made to t sizes can not be	o accommodate you e guaranteed.	r request,
Last Name, First Name Middle Initial Athletes	with Visual	Impairment	
4 Visually-Im	paired Guid	le Fe	ee Waived
Street Address - Apartment Number Runner's Na	ime:		
City - State/Province			
Pasta Dinner Adult	#	@ \$25 each	
Zip Code County Pasta Dinner Child (6 Pasta Dinner Child (6 Pasta Dinner Child (7)		@ \$12 each Free	\$0.00
Breakfast Tickets	#	@ \$15 each	ψ0.00
Daytime Phone Number Evening Phone Number Total Amount End	losed		
8 MALE FEMALE MM/DD/YYYY Age (on 9/20/2014) Sex Date Of Birth	Air Force Mar 88 ABW/CVM 5030 Patterson Wright-Patters	payable by check or rathon n Pkwy, Bldg. 219 son AFB, OH 4543: call 1-800-467-	3-5319
	ase mail in or email e	entry form before calling	
10 I understand that there is a 7-hour time limit for		rathon@us.af.mil JSE ONLY	
the full and a 6-hour limit for the half marathon,			ASH
both based on gun time. Please initial below.			
*Initials required for processing			