

# LEAVENWORTH OKTOBERFEST MARATHON/HALF-MARATHON October 3, 2009

	Before June 1	June 1– July 31	Aug 1 – Oct 1	After Oct 1
Marathon	\$65	\$80	\$90	\$115
Half-Marathon	\$50	\$65	\$75	\$100

(Circle Fee Only)

ENTRY FEES - Includes HOODED SWEATSHIRT (NOTE: ANY REGISTRATIONS RECEIVED AFTER SEPTEMBER 22, 2009, ARE NOT GUARANTEED A SWEAT SHIRT AND/OR CORRECT SIZE)

\_\_\_\_\_  
First Name/ MI/ Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province/ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Gender:  Male  Female      Birthdate: \_\_\_\_\_ day/month/year)

Division (Circle One): 19+under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

T-Shirt Size (Circle one):    S    M    L    XL ~~XXXXXX~~

Post-Race Massage \$18 = 15 minutes:  YES

Check No. \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

**Make check payable to: *Leavenworth Marathon***  
**Mail to: *Leavenworth Marathon, 2102 Sutton Pl., Wenatchee, WA 98801***

### WAIVER AND RELEASE

I know that participating in an organized athletic event is potentially hazardous, and that I should not enter to participate unless I am medically able and properly trained. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS EVENT. My participation confirms that I agree, for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, that I am physically fit and that I have sufficiently trained; to abide by the competitive rules; hereby waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damages, medical or hospital bills, or theft which may arise out of or relate to my participation in this event; not to sue, and to hold harmless any and all persons, sponsors, volunteers, participants or government agencies for any and all claims or liabilities that I have waived, released or discharges herein; to return the Chip timing device assigned to me or to pay a \$20 replacement fee.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE, DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE (if participant is under 18 years old), DATE