

**Check: Marathon** \_\_\_\_\_ **Half** \_\_\_\_\_ **5k** \_\_\_\_\_ **Relay** \_\_\_\_\_  
 (optional) **Athena (Female 165 lbs+)** \_\_\_\_\_ **Clydesdale (Male 220 lbs+)** \_\_\_\_\_  
**First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**D.O.B.** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_ **F** \_\_\_ **M** \_\_\_ **Ph** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**E-mail** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Adult:** XS S M L XL **XXL (add \$3)**

**2nd Person**  
**Relay Team Name** \_\_\_\_\_  
**First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**E-mail** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Adult** S M L XL **XXL (add \$3)**  
**Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FILL IN AND ADD:**

\_\_\_\_\_ **Marathon** \$90 thru 4/18, \$100 thru day of event  
 \_\_\_\_\_ **Marathon Relay Team of 2-3** \$50 thru 4/18, \$60 thru day of event  
 \_\_\_\_\_ **Marathon Relay Team of 4-9** \$40 thru day of event  
 \_\_\_\_\_ **Half** \$60 thru 4/18, \$70 thru day of event  
 \_\_\_\_\_ **Half Relay** \$30 thru 4/18, \$35 thru day of event  
 \_\_\_\_\_ **5K** \$30 thru 4/18, \$35 thru day of event  
 \_\_\_\_\_ **12 & Under (any event)** \$20 thru 4/18, \$25 thru day of event  
 \_\_\_\_\_ **Add \$3 for XXL**  
 \_\_\_\_\_ **TOTAL** \_\_\_\_\_ **Personal Best Marathon or Half Marathon**

Contact person in case of an emergency:

Name \_\_\_\_\_ Ph \_\_\_\_\_

*Waiver: I know that competing in a road race is a potentially hazardous activity and assume all risks associated with this event. I understand medical personnel will be available for safety reasons. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf waive and release DuTriRun from all claims or liabilities of any kind arising out of my participation.*

\_\_\_\_\_  
Signature of Entrant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date