

# 8th ANNUAL UNITED STATES AIR FORCE MARATHON REGISTRATION



Last day to register is September 7th, 2004. Registrations received after September 3rd may be returned unopened.

Please check the box next to the event you are registering for:

MARATHON   
  ½ MARATHON   
  RELAY TEAM (Complete block on right of form)   
  WHEELCHAIR   
  5K

Please print clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ T-SHIRT SIZE (CIRCLE) **S M L XL**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country (If not USA) \_\_\_\_\_ Telephone (Daytime) \_\_\_\_\_  
Include area code and country code if not USA

E-mail address \_\_\_\_\_

Birth date      /      /           Gender (Circle one) M F      Weight      lbs  
MONTH / DAY / YEAR

Military Service (if applicable) \_\_\_\_\_ Military Rank/Grade \_\_\_\_\_

Branch:  USAF  USN  USA  USMC  USCG      Status:  Active  Nat. Guard  Reserve

Major Command \_\_\_\_\_ Base/Post \_\_\_\_\_

# of Marathons (26.2 miles) completed:           # of USAF Marathons (26.2 miles) completed:     

Where did you hear about the USAF Marathon? \_\_\_\_\_

## WAIVER (MUST BE SIGNED)

*Information in parentheses applies only if participant is under 18 years of age*

In consideration for allowing me (my child) to compete in the United States Air Force Marathon, I, the undersigned, intending to be legally bound, waive and release, for (my child) myself, my heirs, executors and administrators, any and all rights and claims for property damage and personal injury, including death, which I (my child) may have against the United States Air Force, the United States Government, the volunteer medical support, all participating supporting volunteers and their representatives, successors and assignees, arising from my participating in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am (my child is) physically fit and have (has) sufficiently trained to complete this event. I realize medical support for this event will consist of primarily volunteer medical personnel prepared to administer first aid-type assistance along the race course and at the finish line. I (on behalf of my child) hereby grant permission to the United States Air Force Marathon and its sponsors to use all information submitted in my application and my photograph, videotape, motion picture, recording and any other record of this event including pre-race and post-race publicity.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's printed name if participant is under 18 \_\_\_\_\_

Parent's signature if participant is under 18 \_\_\_\_\_ Date \_\_\_\_\_

## REQUIRED RELAY TEAM INFORMATION

Limit of 250 teams accepted on a "first-come" basis. Submit all 4 completed registration forms together with a single check or money order payment.

### CATEGORY (Check only one)

MEN'S OPEN   
  WOMEN'S OPEN   
  COED  
 MASTERS   
  MILITARY

TEAM NAME \_\_\_\_\_

### TEAM MEMBERS

(INDICATE TEAM CAPTAIN BY CHECK BLOCK NEXT TO NAME)

LEG 1 \_\_\_\_\_  
Print first and last name  
 LEG 2 \_\_\_\_\_  
Print first and last name  
 LEG 3 \_\_\_\_\_  
Print first and last name  
 LEG 4 \_\_\_\_\_  
Print first and last name

All team members must complete and sign a registration form. All team forms must be mailed together with one single check or money order.

All changes made after August 6, 2004 will incur a \$5 processing fee per change.

## REGISTRATION FEES

<b>INDIVIDUAL REGISTRATION</b> (One entry per form)	= \$ _____ .00
Marathon entry (postmarked by 6/30/04)	\$40.00 US
Marathon late entry (7/1/04 - 9/7/04)	\$50.00 US
½ marathon entry (postmarked by 6/30/04)	\$25.00 US
½ marathon late entry (7/1/04 - 9/7/04)	\$35.00 US
<b>TEAM REGISTRATION</b> (Each team member must submit a form)	= \$ _____ .00
4 person relay team (postmarked by 6/30/04)	\$140.00 US
4 person relay team late entry (7/1/04 - 9/7/04)	\$180.00 US
<small>(all four registration forms must be mailed together with one check for payment)</small>	
<b>5K FUN RUN</b>	\$15.00 US
<b>PRE-RACE PASTA DINNER</b> _____ X \$12.00 US	= \$ _____ .00
<small>Pick-up tickets at Expo. Please indicate time preference for seating at the dinner (check one):</small>	
<input type="checkbox"/> 1st - 4:00 p.m. <input type="checkbox"/> 2nd - 5:30 p.m. <input type="checkbox"/> 3rd - 7:00 p.m.	
<b>TOTAL ENCLOSED</b> .....	= \$ _____ .00

**Make check or money order payable to: USAF Marathon**

Mail registration and payment to:

USAF Marathon  
 88th MSG/SVC  
 5215 Thurlow Street  
 Wright-Patterson AFB, OH 45433

**EVERY RUNNER MUST PICK HIS/HER OWN PACKET UP WITH A PHOTO ID.  
 NO EXCEPTIONS.**