



2016 MURRAY HALF MARATHON
HALF MARATHON • HALF MARATHON RELAY • 5K
SATURDAY, APRIL 16, 2016 • 7:00 AM • MURRAY, KY

REGISTER ONLINE AT WWW.MURRAYHALFMARATHON.ORG
 OR CALL 270.762.1800

REGISTRATION INFORMATION One entry per person.

FIRST NAME: _____ LAST NAME: _____

GENDER: M F BIRTHDATE: (M/D/Y) _____ AGE ON RACE DAY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #:() _____ SECONDARY PHONE #: () _____

EMAIL ADDRESS: _____

TECH SHIRT SIZE: S M L XL XXL (ADULT SIZES ONLY)

HALF MARATHON No same day entry.
 ALL ENTRIES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

- \$55 (5/1/2015 - 12/31/2015)
- \$60 (1/1/2016 - 2/28/2016)
- \$65 (3/1/2016 - 3/31/2016)
- \$75 (4/1/2016 - 4/15/2016)

5K RUN/WALK No same day entry.
 ALL ENTRIES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

- \$20 (5/1/2015 - 12/31/2015)
- \$25 (1/1/2016 - 2/28/2016)
- \$30 (3/1/2016 - 3/31/2016)
- \$35 (4/1/2016 - 4/15/2016)

HALF MARATHON TWO-PERSON RELAY

EACH RUNNER WILL NEED TO COMPLETE A REGISTRATION FORM.

RELAY TEAM NAME: _____ MALE, FEMALE OR COED TEAM? (circle one)

RELAY TEAM MEMBERS (NAME, CELL NUMBER & EMAIL):

RUNNER 1 _____ CELL# _____ EMAIL _____

RUNNER 2 _____ CELL# _____ EMAIL _____

- \$40 per team member (\$80/team) (5/1/2015 -12/31/2015)
- \$45 per team member (\$90/team) (1/1/2016 - 2/28/2016)
- \$50 per team member (\$100/team) (3/1/2016 - 3/31/2016)
- \$55 per team member (\$110/team) (4/1/2016 - 4/15/2016)

Mail entry forms and registration fee to:
 Murray Calloway Endowment for Healthcare
 Murray Half Marathon
 803 Poplar Street
 Murray, KY 42071
or register online at
www.murrayhalfmarathon.org



WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING.

I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Murray Half Marathon (the "Event"), The Murray Calloway Endowment for Healthcare, the City of Murray, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds if Event cannot be staged or is cancelled for any reason. The Murray Calloway Endowment for Healthcare reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. In addition, I agree that I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to the Murray Calloway Endowment for Healthcare to use any photographs, videotapes, motion pictures, recording, or any other record of this event for legitimate purpose including commercial advertising. I have read this waiver carefully and I understand it. IF ATHLETE IS UNDER AGE 18, the signature certifies that my son/daughter has my permission to participate in the Murray Half Marathon.

The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature _____ Signature of parent or legal guardian if under 18 _____

Date _____