



COLUMBUS HALF MARATHON, 10K & 5K ENTRY FORM

PLEASE PRINT & COMPLETE ALL FIELDS

First Name **Last Name**

Address

City **State** **Zip**

E-Mail Address

Emergency Contact#

Runner _____ Walker _____ **Date of Birth**

Technical Shirt Size: S M L XL XXL (add \$1.85)

ENTRY FEES: HALF MARATHON: \$55 RACE DAY: \$60
 10K: \$45 RACE DAY: \$50
 5K: \$35 RACE DAY: \$40

FRIENDS/FAMILY PACK (\$5) DISCOUNT: Save \$5 per person if you are entering 4 or more people. *Please enclose all entries in the same envelope.*

ONLINE REGISTRATION: www.ultrafitusa.com

MAIL IN ENTRY: ULTRAFIT-USA, PO BOX 629, HILLIARD, OHIO 43026

RACE WAIVER: I know that participating in a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able to do so and properly trained. I assume all risks associated with participating in this event, including, but not limited to: falls; contact with other participants; and the effects of weather, traffic, and course conditions, all such risks, being known and understood by me. I am aware that medical support for this event will be provided by volunteer personnel who may be called upon to provide assistance, including first aid, to me during the event. I authorize any such volunteer to assist me or to perform such assistance as, in the opinion of such persons, may be necessary or appropriate. I understand that ULTRAFIT-USA, Inc. assumes no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any race official relative to my ability to safely complete the event. I hereby grant permission to ULTRAFIT-USA, INC. and their sponsors, to use any photographs, motion pictures, videos, recordings, or any record for this event for legitimate purposes. I agree to abide by the rules of this event as stated in all official event information. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, do hereby release and discharge ULTRAFIT- USA, Columbus & Franklin County Metro Parks, Columbus Recreation & Parks, Mount Carmel Health System, and all sponsors, representatives (including event volunteers) and employees of any of them, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Accordingly, the registrant agrees to hold ULTRAFIT-USA, INC. and its agents harmless from any liability or injury resulting from this event and associated events. I have full knowledge of all risks involved in participating in the event and state that I am physically fit and sufficiently trained to participate in it.

 SIGNATURE/DATE

 GUARDIAN SIGNATURE/DATE (If participant is under the age of 18)