

# SECRET CITY HALF MARATHON & RELAY

## NOVEMBER 18, 2012

You can also apply online at [WWW.SECRETCITYHALFMARATHON.COM](http://WWW.SECRETCITYHALFMARATHON.COM)

Check the event you are entering. Entry is NON-REFUNDABLE, NON-TRANSFERABLE AND NON-DEFERRABLE.

EVENT	UNTIL 10/01	AFTER 10/01	
_____ HALF MARATHON	\$40	\$50	\$ _____
_____ RELAY TEAM	\$75	\$95	\$ _____

Make Checks Payable to : Secret City Half Marathon P.O. BOX 4994, OAK RIDGE TN 37831

In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. You must wear an official race number and **must be able to complete the half marathon in 3 hours**. . . NO RACE DAY REGISTRATION. Coaches, skateboards, skates, baby joggers, bikes, and animals are prohibited on the course. Online registration for the half marathon closes on November 16, 2012. Mail-in registration must be postmarked by November 14, 2012.

### INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Is this your first half marathon? \_\_\_\_\_

Date of Birth:    /    /    Age on 11/18/12: \_\_\_\_\_ T-shirt Size (circle one): XS | S | M | L | XL | XXL

Email Address: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

### 2nd RELAY TEAM MEMBERS ONLY

TEAM NAME \_\_\_\_\_ TEAM TYPE (circle one): F-F / F-M / M-M

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth:    /    /    Age on 11/20/11: \_\_\_\_\_ T-shirt Size (circle one): XS | S | M | L | XL | XXL

Email Address: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

### WAIVER & LIABILITY RELEASE (required)

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge Oak Ridge Track Club, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releases"), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable, non-transferable and non-deferrable. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER. IF THE PARTICIPANT IS UNDER THE AGE OF 18: I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is 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/ward's medical records as necessary.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent/Guardian (required if participant is under 18) Date

\_\_\_\_\_  
Signature of Participant (Relay 2nd Team Member) Date

\_\_\_\_\_  
Signature of Parent/Guardian (required if participant is under 18) Date