

Harrisburg Marathon Registration Form Sunday, November 10, 2019

TYPE OF ENTRY (check one):	ember 10, 2019
 Runner (8am start) Walker (6:30am start)	Minimum age for a full marathon participant is 15 years old
 MARATHON ENTRY FEES (please read): All entries must be received by Monday, November 4th Payment must be included for this form to be processed NO REFUNDS For deferral information, please visit ymcarun.com/info- 	
February 1 st to February 28 th - \$70	July 1 st to July 31 st - \$95
March 1 st to March 31 st - \$75	August 1 st to August 31 st - \$100
April 1 st to April 30 th - \$80	September 1 st to September 30 th - \$105
May 1 st to May 31 st - \$85	October 1 st to October 31 st - \$110
June 1 st to June 30 th - \$90	November 1 st to November 5 th - \$115
REGISTRATION INFORMATION Please print neatly and legibly to avoid your information First and Last Name: Address: City: D.O.B (mm/dd/yr): Gender: M F	East Shore YMCA Attn: Tom Gifford 701 North Front St Harrisburg, PA 17101
Phone: Email:	
*if you do not provide your email, you will not receive important p	ore-race notifications prior to the event
Emergency Contact	Emergency Contact Number
executors and administrators, waive and release any and all right volunteer, and/or official of the Harrisburg Marathon, Harrisburg Township, and their representatives, successors, and assigns for event. I acknowledge that it is my responsibility to understand the tobe, am physically fit, and have sufficiently trained for this even skates or inline skates, wheelchairs, audio headsets, and animals my assigned race number to another on pain of my and my trans acknowledge that my entry fee is non-refundable and non-transfinclude my image for promotional, informational, or other reason material condition to my being permitted to enter this race that I event and that my physical condition has been verified by a licens parent or adult guardian for all children under 18 years) having re-	Area YMCA, City of Harrisburg, Dauphin County, Susquehanna any and all injuries or death suffered by me in or arising by said ne risks and precautions I should take. I attest that I am who I claim at. I acknowledge that bicycles, skateboards, baby joggers, roller are prohibited in this event. I agree to not cover, alter, or transfer feree's disqualification from this and future events. I further terable. I also authorize the use of photographs or videos that has deemed to be in the best interest of the event. I certify as a lam physically fit and sufficiently trained for the completion of this sed Medical Doctor. By submitting this entry, I acknowledge (or a lead and agreed to the above waiver.
Signature	Date

^{*}by parent or guardian if under 18 years old