



MARINE CORPS MARATHON RACE SERIES

SAVE OUR VETERANS AND DISCOUNT

HISTORIC HALF

May 18, 2008 - 7:00 am

Fredericksburg, VA

Ages 13 & up

\$60/person

REGISTRANT INFORMATION

First Name _____ M.I. _____

Last Name _____

Address _____

City _____

State _____ Zip Code _____

Province _____

Country _____

Daytime Phone _____

Birthdate _____ MM/DD/YYYY Gender _____ Weight _____

Email _____

Chip Serial # (if you own a scoring chip) _____

Expected Finish Time _____

Wheelchair Hand-cycle

Military Affiliation Self Parent Spouse Child
 Other - Relative DOD Employee

Military Status Active Reserve Retired Former

Military Branch USMC USN USA USAF CG NG
 Foreign

I have previously participated in Marine Corps Marathon
 MCM10K Kids Run MCM Volunteer N/A

Please send my family volunteer information YES NO
Contact email _____

PAYMENT \$60/PERSON

Credit Card Type (circle one)

VISA MC American Express Discover

Credit Card # _____

Expiration Date _____

Signature _____

Date _____

Please sign the liability release below. Make check or money order payable to "Marine Corps Marathon". There will be no entry refunds. There is a \$32.75 returned check fee.

Mail completed form with payment to:

Marine Corps Marathon Historic Half

P.O. Box 188

Quantico, VA 22134

LIABILITY AND PUBLICITY RELEASE

For considering my entry's acceptance in the Marine Corps Marathon Historic Half, I the undersigned, intending to be legally bound, waive and release for myself, my heirs, executor and administrators, any and all rights and claims for damages, demands and any other actions, which I may have against the US Marine Corps, US Government, MCB Quantico, National Park Service, City of Fredericksburg, volunteer medical support, all participating supports and those entities' representatives, successors and assignees, from my participation in the event, including any and all injuries suffered by me because of my participation in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist of primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and the finish line. I hereby grant permission to the Marine Corps Marathon and its sponsors to use all information submitted in my application, and any photograph, videotape, motion pictures, recording and any other record of this event including race results, my likeness, name and completion time for any lawful purpose related to the race and post-race publicity. Runner data may be used to offer a limited number of race advancements.

The Marine Corps Marathon Historic Half is open to all people who are physically fit. It is recommended anyone over the age of 35 and/or with a family history of heart disease consult with their physician before undertaking the marathon.

The Race Director reserves the right to reject any entry.

Athlete acknowledges that the entry fee paid is non-refundable. Athlete acknowledges and agrees that the Marine Corps Marathon, in its sole discretion, may delay or cancel an event if it believes the conditions on race day are unsafe. In the event the Event is delayed or cancelled for any reason, including but not limited to fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements, or any other cause beyond the control of the Marine Corps Marathon there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event.

Participant Signature/Date _____

Parents Signature if under 18/Date _____



No Federal or Marine Corps endorsement implied
ALL ENTRIES ARE NON-REFUNDABLE

marine.marathon@usmc.mil
1-800-RUN-USMC