

MCM10K - Windows Internet Explorer provided by the U.S. Marine Corps
 https://mcmregistration.com/Register/default.aspx/Event=24100&testfee=1

MCM10K

MCM 10K

Registration for MCM10K

1 Participant Information
2 Waivers
3 Checkout

⚠ This is a test registration. WARNING: Test transactions are currently disabled, and you will not be able to complete this registration.

*** Category**
 General Registration

Due to runner safety, **No Wheel Chairs, Hand-cycles or any other wheeled devices** will be allowed on the MCM10K course.

*** First Name**

Middle Name

*** Last Name**

Optional mcmregistration Account

If you already have a mcmregistration Account, please enter your Email and Password.

Email

Password

Forgot Password

Login

Create Account

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MCM10K

Participant Address

*** Address line 1**

*** City**

(or APO/FPO/DPO)

*** State**

Province

(Applicable outside the United States only)

*** Postal code**

*** Country**

*** Email Address**

*** Confirm Email Address**

*** Daytime Phone Number**

(Example: 800-555-1212)

Evening Phone Number

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Evening Phone Number
 (Example: 800-555-1212)

Birthdate
 (Example: MM/YYYY)

Gender
 Female Male

Emergency Contact Name

Emergency Contact Phone Number
 (Example: 800-555-1212)

Military Branch


Military Status

Expected Finish Time
 (Course Limit: 2h 10m - pace of 20 min mile. Ex: 04:30 OR use slide bars to right)

Continue

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* No Refund Statement

RUNNER - PLEASE READ -- All Entry fees and purchases are NON-REFUNDABLE. Once we receive and accept your entry/purchase, you will not receive a refund from the MCM or our partners if you cannot participate. You may not just give or sell your number to anyone, unless you do this through the proper transfer process approved by the MCM, and only if this option is applicable to the event in question.

Initial to agree to the above waiver:

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 https://mcmregistration.com/Register/default.aspx/Event:24109&testfee=1

Initial to agree to the above waiver:

*** Privacy Act Statement**

marathon race events. The Marine Corps Marathon Office and its Sponsors use information to plan, organize, coordinate, and execute events, including commemoration, publication or marketing, recognition and communication with participants and volunteers before, during, and after the event.

ROUTINE USES: Any release of information contained in this system of records outside of DoD will be compatible with the purposes for which the information is collected and maintained. The DoD Blanket Routine uses may apply to this system of records.

DISCLOSURE: Providing information is voluntary, however, failure to complete the form will limit the Marine Corps Marathon organization's ability to register runners and volunteers and to

Initial to agree to the above waiver:

*** Liability & Publicity Release**

MARINE CORPS MARATHON LIABILITY AND PUBLICITY RELEASE (RUNNER)
 For considering my entry's acceptance in the Marine Corps Marathon 10k, 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, National Park Service, volunteer medical support, all participating supporting agencies 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, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, over-exertion, sun or heat

Initial to agree to the above waiver:

*** Agency Disclosure Statement**

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MARINE CORPS MARATHON LIABILITY AND PUBLICITY RELEASE (RUNNER)
 For considering my entry's acceptance in the Marine Corps Marathon 10k, 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, National Park Service, volunteer medical support, all participating supporting agencies 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, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, over-exertion, sun or heat

Initial to agree to the above waiver:

*** Agency Disclosure Statement**

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (OMB#0703-0053). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

Initial to agree to the above waiver:

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REVIEW CART

TRANSACTION	FEE
MCM10K: General Registration (Angela Huff)	\$50.00 EDIT DELETE
Total Fees	\$1.88
Total Amount	\$51.88

Promotion Code:
 [Apply](#)

(You must click 'Apply' to receive the discount.)

Enter your credit card information

Method of Payment
 Visa

Name on the Card
 Angela Huff

Credit Card Number
 (No Spaces or Dashes)

Card Expiration
 (Example: Month 08 and Year 14)
 Month MM And Year YY

CVV Code:

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MCM10K

CVV Code:

Billing Address

Address Line 1
 306 Munsons Hill Ct

Address Line 2

City
 Stafford

State
 Virginia

Postal Code
 22554

Country
 United States

[Review Payment](#)

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