

REGISTRATION FORM

FLAGSTAFF MARATHON – September 25, 2010

presented by the **Flagstaff Nordic Center**



hosted by **North Country Health Care**



Paper Registration Must Be Postmarked On Or Before September 15, 2010

Circle RACE: Marathon Half Marathon 10K Kids Kilo

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age on Race Day _____ Date Of Birth _____ Gender M F T-shirt size S M L XL

Registration Fee:

_____	Marathon	\$80
_____	Half-Marathon	\$60
_____	10K Race	\$40
_____	Kids Kilo	Free
_____	Donation for North Country HealthCare (optional)	
_____	Total Authorized	

Make check payable to: **Flagstaff Nordic Center** and Mail to: Virtual Roster, 4290 N. Fanning Drive, Flagstaff, AZ 86004. **Paper Registration Must Be Postmarked On Or Before September 15, 2010**

Flagstaff Marathon Liability Waiver for Peak Endeavors, LLC dba Flagstaff Nordic Center – Please read and sign below to agree to terms

In consideration of myself or my child being permitted to participate in this activity, I represent that I, or my child do:

1. Acknowledge, agree and represent I fully understand the nature of running activities and races and that I am qualified, in good health, and in proper physical condition to participate in such activity.
2. Hereby agree to release, discharge and covenant not to sue the race's administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, owners and lessors of premises of property on which the Activity takes place from all liability, claims, demands, losses or damages.
3. I give permission for my or my child's name, picture or likeness from this event to appear on the Nordic Center's website, public media, and advertising related to this event.

Entrant (parent if under 18) signature _____