



March 28, 2015

Participant Name _____
Last name First name

Gender: Male Female Date of Birth _____ Age on 3/28/15 _____
MM/DD/YYYY

Email Address: _____ Phone _____

Mailing Address: _____

Emergency Contact: _____
Name Phone

Shirt Size (gender specific): S M L XL Is this your first full marathon? Yes No

Estimated Finish Time: _____

Are you attending the Pasta Dinner on Friday, 3/27/2015 at the Culinaire Cafe? Yes No

*Please include \$12/person with registration fee. _____ # attending dinner

Please initial the following:

___ **I understand that the Queen City Marathon for Active Water is a cup-free event and that I am required to carry my own bottle/pouch/pack for hydration.**

___ *I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am qualified, in good health, medically able, and properly trained. I assume all risks associated with this event, including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic, and the conditions of the course, all such risks being known and appreciated by me. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the event. I fully accept and assume all responsibility for losses, costs, and damages I incur as a result of this running event. I agree to abide by any decision of a race official relative to my ability to safely complete the run.*

Having read this waiver, knowing these facts, and in consideration of accepting my entry, I for myself and anyone entitled to act on my behalf, discharge, waive, and release Queen City Marathon for Active Water, the event's Board of Directors, Queen City Striders, T.R.A.C. Services LLC, Road Runners Club of America, USA Track & Field, Mayor and City Council of Cumberland, County of Allegany, National Park Service, Canal Place Preservation & Development Authority, and all sponsors; their officers, servants, agents and employees of said organizations, and volunteers associated with the event from all claims or liabilities of any kind arising out of my participation in this event.

Participant Signature _____ Date _____

Registration Fee: \$60 September 1- December 31 / \$70 January 1- March 27
NO RACE DAY REGISTRATION!

Mail to: Queen City Marathon for Active Water
P.O. Box 31
Cumberland, MD 21502
queencitymarathon@gmail.com

