

September 27 & 28, 2014 Registration Form
Adirondack Marathon Distance Festival
Marathon, Half Marathon, 2 & 4-Person Marathon Relay, 5K, 10K, 5K Walk for Hunger, 1K Fun Run

Register online at www.adirondackmarathon.org

1. (PLEASE PRINT CLEARLY) Age ____ M ____ F ____ Birthdate ____ (mm) ____ (d) ____ (YYYY)

LAST Name _____ FIRST Name _____

Address _____

City _____ State/Province ____ Country _____ Zip _____

Phone(____) ____ - ____ E-Mail _____

2. Circle entry below.

(NO MARATHON, HALF MARATHON or RELAY REGISTRATION ON RACE DAY!)

Schroon Lake Races (Circle Category):

	Deadline 4/30	Deadline 6/15	Deadline 9/24	Note:
Marathon	\$70	\$80	\$95	Limited to 500 Runners
Half Marathon	\$60	\$70	\$90	Limited to 650 Runners
2-Person Relay	\$100	\$120	\$140	Limited to 50 Relay Teams
4-Person Relay	\$185	\$220	\$240	Limited to 50 Relay Teams
1K Kids Run	\$10	\$10	\$10	No Limit

Chestertown Races (Circle Category):

	5K	10K	5K Walk for Hunger
Adults	\$15	\$17	\$15
Students Under 18	\$13	\$15	\$13
Seniors 65+	\$12	\$14	\$12

Stop → CIRCLE YOUR RACE CHOICES ABOVE ← Stop

2A. 2nd Relay Runner Name _____ Gender: M / F Birthdate ____ (mm) ____ (d) ____ (YYYY)
 Address _____ City _____ State/Province _____ Country _____
 Zip _____ Phone (____) _____ E-Mail _____

2B. 3rd Relay Runner Name _____ Gender: M / F Birthdate ____ (mm) ____ (d) ____ (YYYY)
 Address _____ City _____ State/Province _____ Country _____
 Zip _____ Phone (____) _____ E-Mail _____

2C. 4th Relay Runner Name _____ Gender: M / F Birthdate ____ (mm) ____ (d) ____ (YYYY)
 Address _____ City _____ State/Province _____ Country _____
 Zip _____ Phone (____) _____ E-Mail _____

2D. Relay Team Name _____ Relay Captain Name _____

3. 7AM Early Bird Start (MARATHON ONLY) ____ Yes, I am a non-competitive participant and am eligible for a finisher's medal but no award.

4. Free registration for active duty: military, guard and reserve. **Your CAC card required** at packet pick-up to obtain your chip and bib. **Limited Space Available – sign up early on our website only www.adirondackmarathon.org** .

5. Tech shirts for the Marathon, Half Marathon & Relay are on a first come, first served basis at packet pickup.

6. How did you hear about us? _____

7. Complete this part carefully. All Fees are NONREFUNDABLE

Entry fee from section 2 \$ _____
 Pasta Dinner @ \$15 each (Children under 5 free) ____ tickets..... \$ _____

Spectator Bus to Half Marathon start/13.1 Relay exchange @ \$8 each ____ tickets..... \$ _____

TOTAL REMITTANCE..... \$ _____

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Waiver

I hereby acknowledge that participation in this event constitutes an extreme test of my physical and mental abilities and carries with it the potential for death, serious injury and/or property loss. I hereby expressly assume all risk of injury and damage and release the State of New York, New York State Department of Transportation, and any municipality through which this event passes, from all liability and claims of whatever nature or cause which may occur as a result of my participation in this event.

I further acknowledge that Section 1182-a of the Vehicle and Traffic Law provides: "No person or entity shall have the right to bring an action against the State or municipality or any person employed by the State or municipality who was acting within the scope of his authority, for damages resulting from or in connection with any such race, contest or exhibition."

In consideration of your accepting this entry, I, the undersigned, on behalf of myself and anyone acting on my behalf, do hereby waive and release the Adirondack Marathon, Inc. and The Helpers Fund, their organizing committees, their officers, volunteers, sponsors, officials, municipalities and the State of New York, through which this race is run, (hereinafter sometimes collectively called the Race Committee) from all liabilities and claims, personal injuries, death, economic injuries or property damage arising from my participating in this race, including but not limited to death or injuries caused by Acts of God.

I understand that my registration fee is nonrefundable. If the event is canceled by AMDF due to circumstances beyond its reasonable control such as extreme and potentially dangerous weather or course conditions, or as the result of governmental action, AMDF may not refund my registration fees. Any accommodations in such event will be made at the sole discretion of AMDF.

For safety reasons, I understand that the Race Committee strongly recommends against the use of I-pods, MP3 players, earbuds, or headphones of any type. I attest that I am physically fit and have sufficiently trained for this race. I grant permission to use any photos, videos, or any other records and recordings of this race for any purpose.

If I or my child/ward start at the Early Bird time or any other unscheduled time, during which support services are not available, or should I or my child/ward still be on the course after the support services are terminated, I understand that Pedestrian rules apply. No support services or road control will be available except during the regularly scheduled hours of the Marathon, Relay, Half Marathon, 5 & 10K and 1K Fun Run. I hereby also release and fully discharge the Race Committee from any claims relating to being on the course outside of the scheduled hours.

I further understand that I am not allowed to cross the centerline of Route 9 (See notice posted on website and at EXPO and Packet Pick-up) and if I cross the centerline it will disqualify me from all races, any prizes, finisher's medal and completion certificate.

If the participant is a minor (under 18 yrs of age), I further certify that I am his/her parent or legal guardian. I further agree to defend and indemnify the Race Committee for any claims made by or on behalf of my minor child or ward which relate to this event. I am also releasing any claims that I might have against the Race Committee personally or in my capacity as parent or guardian.

Payment Method:

Check or Money Order Payable to **ADIRONDACK MARATHON**

Master Card / VISA # ____/____/____/____ Exp. Date ____/____
(Circle Card Type)

Signature: _____

Participants must be at least 16 years old on race day for the Marathon.
Parent's signature required for all participants under 18 years old.

Return Entry Form and Payment to:
Adirondack Marathon, P.O. Box 583, Schroon Lake, NY 12870

For questions go to www.adirondackmarathon.org

For Accommodations call 1-518-532-7675