



2009 BREAST CANCER MARATHON ENTRY FORM
 February 15, 2009 · Jacksonville Beach, Florida
 Register online at www.breastcancermarathon.com

Complete Entire Form. Please print neatly using capital letters. One entry per form.

Official Use Only

Name (First) (Last)

Address Apt#/Suite County

City State Zip Code

Country Phone (day) (evening)

E-mail Address Personal Champion Chip #

M F Age on Race Day Birthday Estimated Finishing Time Breast Cancer Survivor?

*Minimum age is 13 MM/DD/YY Hr. Min. Sec. Please check box

WAIVER: (MUST BE SIGNED)

ALL PARTICIPANTS IN THE BREAST CANCER MARATHON, HALF-MARATHON AND RELATED EVENTS ("Marathon") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OR PARTICIPATION IN THE RUN BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue the City of Jacksonville, Donna Hicken Foundation, Mayo Clinic, Jeff Galloway, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Marathon, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damages(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, weather, caused by the active or passive negligence of all or any of the releasees or otherwise, in connection with Athlete's participation in the Marathon. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Marathon. Athlete is fully aware of the risks and hazards inherent in participation in the Marathon and hereby elects to voluntarily participate, knowing the risks associated with the Marathon. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participation in the Marathon. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Donna Hicken Foundation in its sole discretion, may delay or cancel the Marathon if it believes the conditions on the race day are unsafe. In the event the Marathon 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 (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of Donna Hicken Foundation there shall be no refund of the entry fee or any other costs of Athlete in connection with the Marathon. The Athlete hereby grants name, medical director of the Marathon, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical care and advice of Marathon medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment for Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Marathon, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Marathon. **ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.**

Signature of athlete _____ Date _____ (Signature of parent if under 18 years) _____ Date _____

IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN AND RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Marathon. Athlete's Parent/Guardian has read and understands the foregoing **RELEASE AND WAIVER OF LIABILITY AGREEMENT** (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Marathon. I hereby authorize medical treatment or him/her and grant access to my child's medical records as necessary and as stated above.

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

Where did you hear about the Marathon/Half Marathon? _____

Occupational Code Income Code

- | | | |
|-----------------------------------|--------------------------------|------------------------|
| 1. Administrative/ Secretarial | 11. Government/Civil Service | 1. Less than \$10,000 |
| 2. Artist/Graphic Artist | 12. Hotel/Restaurant | 2. \$10,001-\$20,000 |
| 3. Business Owner | 13. Information Technology | 3. \$20,001-\$30,000 |
| 4. CEO/President | 14. Investment/Stock broker | 4. \$30,001-\$40,000 |
| 5. Educational/Teacher/ Professor | 15. Legal | 5. \$40,001-\$50,000 |
| 6. Engineer | 16. Management | 6. \$50,001-\$60,000 |
| 7. Software Engineer | 17. Marketing/Public Relations | 7. \$60,001-\$70,000 |
| 8. Fitness/Coach/Athlete | 18. Media/TV/Radio | 8. \$70,001-\$100,000 |
| 9. Finance/Accountant | 19. Medical/Dental | 9. \$100,001-\$200,000 |
| 10. Homemaker | 20. Military Services | 10. Over \$200,000 |
| | 21. Nurse | |
| | 22. Public Safety/Police/Fire | |
| | 23. Retired | |

FEES: Includes one free entrant's t-shirt. No tax or shipping charge on entry fee. **Entry Fees are non-refundable and non-transferable.**

T-Shirt Size (circle one): Adult: S M L XL XXL

Marathon:

Early Entry Fee (by 5/1/08) ~~\$95.00~~ \$85.00 \$ _____

Individual Entry (5/2/08 - 10/31/08) \$95.00 \$ _____

Entry (11/01/08 - 2/14/09) \$125.00 \$ _____

Half Marathon:

Entry (by 5/1/08) \$60.00 (5/2/08 - 10/31/08) \$75.00 \$ _____

(11/01/08 - 2/14/09) \$95.00

Total Enclosed \$ _____

MC Amex Visa Discover

Credit card #: (please do not leave space between numbers)

Signature: _____ Exp. Date: _____

Print name as it appears on card: _____

**Make Check or Money Order Payable To: 26.2 With Donna
 Mail To: 3948 3rd St. South #136 Jacksonville Beach, FL 32250**