

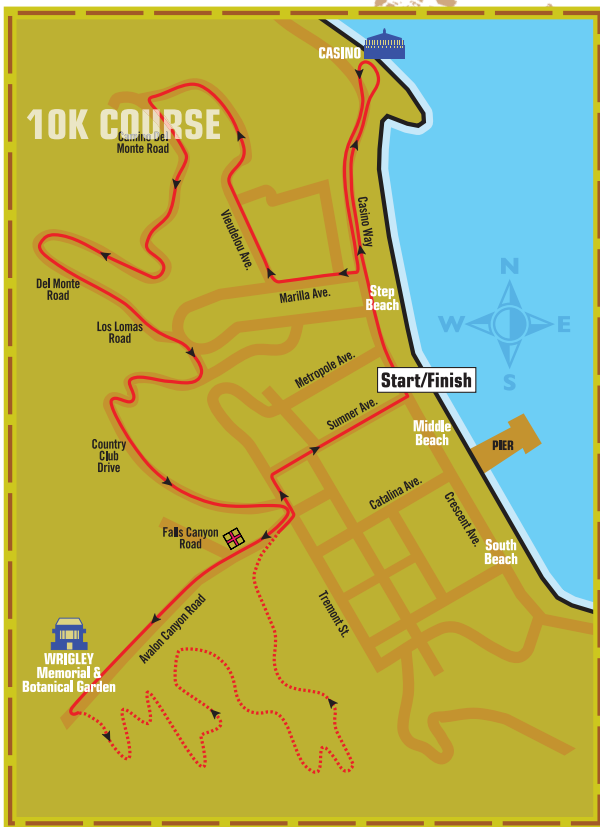


CATALINA ISLAND ECO MARATHON, HALF MARATHON, 10K & KIDS RUN

November 8 2014

Benefiting the Catalina Island Conservancy

A portion of all proceeds will be donated back to the Conservancy.



www.catalinaecomarathon.com

RACE MANAGEMENT:
Spectrum Sports Management Inc.
Tel: 909.399.3553
Fax: 909.399.9779
Email: info@spectrumsports.net



ENTRY

Please Print – Photocopies OK

MAIL Catalina Island Eco Marathon c/o Spectrum Sports, 2058 N. Mills Ave. #454, Claremont, CA 91711. Entry fees are non-refundable and non-transferable.

Please Make Check Payable to the Catalina Island Conservancy

One entry per form. This form may be photocopied.
Please print legibly and USE BLUE OR BLACK INK ONLY

Office use only

FIRST NAME														
LAST NAME														
BIRTH DATE		/		/			SEX	<input type="checkbox"/> M	<input type="checkbox"/> F	T-SHIRT SIZE	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
STREET ADDRESS														
CITY							STATE			ZIP				
DAY PHONE														
EMAIL ADDRESS														

EVENT Marathon Half Marathon 10K Kids Fun Run

AGE GROUP

19 & under 20-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65-69 70-74 75-79 80+
 Clydesdale (200+ lbs.) Athena (145+ lbs.)

ENTRY FEES

	Early Fee	Starting 10/14	
MARATHON	\$110	\$135	\$ _____
HALF MARATHON	\$90	\$110	\$ _____
10K	\$35	\$45	\$ _____
10K (youth 18&under)	\$17.50	\$22.50	\$ _____
KIDS FUN RUN	\$10	\$10	\$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Visa Mastercard American Express

Credit Card # _____

Exp. Date _____

Signature _____

Zip Code _____

WAIVER

In consideration of this entry acceptance, I, my heirs, executors and administrators hereby waive any and all rights of claim for damages I may have against Spectrum Sports Management Inc., The Santa Catalina Island Company, the Santa Catalina Island Conservancy, Los Angeles County Parks & Recreation, City of Avalon, Avalon Lions Club, Los Angeles County Fire, and all co-sponsors, or any individual associated with the above for any and all injuries sustained by me in this event. I will additionally permit the use of my name and pictures in broadcast, telecasts, newspapers, brochures, etc. I also understand that the entry fee is non-refundable and non-transferable. I further attest and verify that I am physically fit and have sufficiently trained for competition and my physical condition has been verified by a licensed medical doctor. THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED. Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field Regulation 10 and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES. INFORMATION REGARDING DRUGS AND DRUG TESTING MAY BE OBTAINED BY CALLING THE USOC HOTLINE AT 800-233-0393.

Signature of athlete (Signature of parent or guardian if under 18 years)

Date