Race Expo and Starting Line located at The Center for Health and Wellness.
716 POPLAR STREET
MURRAY, KY

2018 MURRAY HALF MARATHON

HALF MARATHON • HALF MARATHON RELAY • 5K

SATURDAY, APRIL 14, 2018 • 7:00 AM • MURRAY, KY

REGISTER ONLINE AT WWW.MURRAYHALFMARATHON.ORG
OR CALL 270.762.1908

REGISTRATION INFORMATION

EACH RUNNER WILL NEED TO COMPLETE A REGISTRATION FORM.

FIRST NAME: ______________________ LAST NAME: ______________________

GENDER: M F BIRTHDATE: (M/D/Y) ______________ AGE ON RACE DAY: __________

ADDRESS: ____

CITY: ______________________ STATE: __________ ZIP: __________

PHONE #:( ) ______________________ SECONDARY PHONE #: ( ) ______________

EMAIL ADDRESS: ____

TECH SHIRT SIZE: S M L XL XXL (ADULT SIZES ONLY)

HALF MARATHON

$5 PREMIUM ADDED FOR RACE DAY REGISTRATION

ALL ENTRIES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

- ☐ $60 (5/1/2017 - 2/28/2018)
- ☐ $85 (3/1/2018 - 4/13/2018)

HALF MARATHON ☐ TWO-PERSON OR ☐ FOUR-PERSON RELAY (SELECT ONE)

ALL ENTRIES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

$5 PREMIUM ADDED PER TEAM MEMBER FOR RACE DAY REGISTRATION

RELAY TEAM NAME: ______________________ **(Team Name Required for All Relay Teams)**

MALE, FEMALE OR COED TEAM? ***(circle one)***

- ☐ $40 per team member (5/1/2017 - 2/28/2018)
- ☐ $65 per team member (3/1/2018 - 4/13/2018)

5K RUN/WALK

$5 PREMIUM ADDED FOR RACE DAY REGISTRATION

ALL ENTRIES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

- ☐ $25 (5/1/2017 - 2/28/2018)
- ☐ $45 (3/1/2018 - 4/13/2018)

Mail entry forms and registration fee to:
Murray Calloway Endowment for Healthcare
Murray Half Marathon
803 Poplar Street
Murray, KY 42071

WAIVER OF LIABILITY. *READ CAREFULLY BEFORE SIGNING.*

I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Murray Half Marathon (the "Event"), The Murray-Calloway Endowment for Healthcare, the City of Murray, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds if Event cannot be staged or is cancelled for any reason. The Murray-Calloway Endowment for Healthcare reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. In addition, I agree that I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to the Murray- Calloway Endowment for Healthcare to use any photographs, videotapes, motion pictures,
recording, or any other record of this event for legitimate purpose including commercial advertising. I have read this waiver carefully and I understand it. IF ATHLETE IS UNDER AGE 18, the signature certifies that my son/daughter has my permission to participate in the Murray Half Marathon.

The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature ______________________ Signature of parent or legal guardian if under 18 ______________________

Date ______________________