29th Annual Steamboat Marathon, Half Marathon & 10K

Sunday June 6th, 2010

THERE ARE NO REFUNDS OR EXCHANGES ON RACE ENTRIES.

PLEASE PRINT CLEARLY.

Please Print (Name will appear on results as shown below)

Last Name _____ **First Name** _____

Address _____

City _____ **State** _____ **Zip** _____

Email Address _____

☐ **Y** ☐ **N** **I wish to receive the Steamboat "Low Down" summer newsletter.**

Phone ___ - ___ - ____ ☐ **Male** ☐ **Female**

Birth date __ / __ / __ **Age on Race Day** __

Please check if you are a wheelchair competitor. ☐

T-Shirt (*included in entry fee*) Size ☐ **S** ☐ **M** ☐ **L** ☐ **XL** (***100% cotton***)

Please choose your event (All races: Sunday, June 6, 2010)

☐ **MARATHON**
$70 on or before May 1
$80 after May 1

☐ **HALF MARATHON**
$55 on or before May 1
$65 after May 1

☐ **10K RUN & WALK**
$25 on or before May 1
$30 after May 1

PAYMENT: We accept Mastercard, Visa, American Express or check **EXPIRATION DATE** ____

VISA/MC/AMEX # _____ **SECURITY CODE** (ON THE BACK OF YOUR CARD) ____

SIGNATURE *(required for credit card payments)* _____

Or make checks payable to: Steamboat Marathon **TOTAL AMOUNT ENCLOSED $** __

If paying by check, mail to: Steamboat Springs Chamber Resort Association
P.O. BOX 774408 Steamboat Springs, CO 80477

Entry Fees are non refundable. For more information: Phone: 970-879-0880 FAX: 970-879-2543
Email: marathon@steamboatchamber.com or check our web site at www.steamboatmarathon.com

RELEASE AND WAIVER STATEMENT

In consideration of the acceptance of this entry in the 29th Annual Steamboat Marathon, Half Marathon, 10K Run, and/or Fun Run, I release the Steamboat Springs Chamber Resort Association, Inc., the race directors, and any sponsor of the races and their respective officers, members, agents and employees for all actions, claims and demand of any kind and nature that may arise from or in connection with my participation or proposed participation in any aspect of the races accepting the risks involved including but not limited to those risks involved with road racing such as sharing the road/race course with motor vehicles during the race, and waiving all rights of any kind that might otherwise exist. I will not enter or participate unless medically able and properly trained. I also know that there may be traffic on the course route. I assume the risk associated with this event, including high heat and/or humidity, and the conditions of the roads, all such risks being known and appreciated by me. In addition, I waive any claims I might have in connection with cancellation of the races for whatever reason. I represent that my physical condition to the best of my knowledge, is adequate to compete safely in a distance race. I authorize and consent to the publication by the SSCRA, whether by television, newsprint, written advertisements or otherwise, of any materials containing my name or picture, and I release to the SSCRA, Inc. and all persons acting under authority from it any claim I might have due to initial or subsequent publications of such material. I sign on behalf of myself and my heirs, personal representative and assigns.

SIGNATURE OF ENTRANT *(REQUIRED OR WILL DELAY PROCESSING)*_____ **Date** _____

(If runner is under 18, signature of their parent or guardian is required)