

# The ROCKFORD



# Marathon

Presented by the Rockford Road Runners

May 16, 2010

at State St. and Wyman St. • Rockford, IL

- Full Marathon
- Half Marathon
- 4-Person Relay Teams
- Scenic Course
- USATF-Certified
- 7:00 a.m. Start

Proceeds benefit:



Produced by:



Learn more at  
**rockfordmarathon.com**

Please print clearly.

I would like to participate in (check one):  Marathon  Half Marathon  4-Person Relay Team

Register before March 1, 2010  
Marathon - \$65 • Half Marathon - \$45 • 4-Person Relay Team - \$130

Register from March 1, 2010 to April 12, 2010  
Marathon - \$72 • Half Marathon - \$50 • 4-Person Relay Team - \$140

Register after April 12, 2010  
Marathon - \$80 • Half Marathon - \$58 • 4-Person Relay Team - \$155

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Sex Birthdate Age on 5-16-10

\_\_\_\_\_  
Phone Preferred T-shirt Size:  S  M  L  XL

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone

\_\_\_\_\_  
Relay Team Name (if applicable)

\_\_\_\_\_  
Discount Code (if applicable)

**Credit card required for registration in ANY event.**

VISA  MasterCard  DISCOVER  AMERICAN EXPRESS

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date Security Code

\$2 service fee for any credit card purchase. Charge will appear as Chicago Special Events.

Registration & payment forms can be faxed to Special Events Management at 773-523-6760.  
**(Must be received by May 9, 2010)**

or: Mail your completed registration & payment form (postmarked by May 7, 2010) to:  
**Special Events Management, c/o Rockford Marathon, 2221 W. 43rd Street, Chicago, IL 60609.**

**WAIVER:** I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against Chicago Running and Special Events Management, Inc., Special Events Management, the City of Rockford, City of Loves Park, City of Machesney Park, Winnebago County, Rockford Park District, Metro Centre Authority, Rockford Roadrunners, Midwest Heart Specialists and any of their affiliates, and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to CSEM and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event for any purpose. There will be a \$30.00 fee for all returned checks. Sorry no refunds. If I have participated in chip timing and did not return my chip on the day of the event or within 14 days of the event to 2221 W. 43rd Street, Chicago, IL 60609, I will be charged \$100.00 on the credit card I provided on the application or will provide upon request. Participants must be a minimum of 16 years of age on the day of the race for the full and half marathons and 14 years of age for the marathon relay and have a signed waiver by a legal guardian or parent.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_