

REGISTRATION FORM - MYRTLE BEACH HALF MARATHON TM

October 22-24, 2010

Check the event you are entering. Entry is NON-REFUNDABLE AND NON TRANSFERABLE. The cap for the half marathon is 8,000.

Event	Before 05/31	Before 08/31	Before 10/18	Expo	US Dollars Only
___ Half Marathon (Oct 24)	\$60	\$70	\$80	\$100	\$ _____
___ 5K (Oct 23)	\$20	\$20	\$25	\$30	\$ _____
___ High Heel Dash (Oct 23)	\$15	\$15	\$20	\$30	\$ _____
___ Doggie Dash (Oct 23)	\$15	\$15	\$20	\$30	\$ _____
Total Enclosed					\$ _____

Wheelchair Participants
___ Pushrim Division
___ Ambulatory Disabled

In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. You must wear an official race number and must be able to complete the half marathon in 3.5 hours. PHOTO ID is necessary for packet pick-up. NO RACE DAY PACKET PICKUP. NO RACE DAY REGISTRATION. Mail in registration MUST be postmarked by October 11, 2010.

Information

Last Name: _____ First Name: _____ Preferred Name on Bib: _____
(10 letter max, only if registered by 09/30/10)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Country: _____ Citizenship: _____ Sex: M F Date of Birth: MM / DD / YYYY Age on 10/24/10: _____
(must be 12 years old for the half)

Email Address: _____ T-Shirt Size: XS S M L XL Would you like to receive updates via text message? YES NO
(circle one - this is unisex sizing) (circle one)

Estimated Finish Time: Hr ____ Min ____ Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Survey

Are you a Myrtle Beach resident? (check one) _____
 ___ Yes ___ No
(if you answered yes, please proceed to waiver)

How many nights will you be staying in Myrtle Beach? _____

How are you getting to Myrtle Beach? (check one) _____
 ___ Fly ___ Drive

How many people will be traveling with you, including yourself? _____

If flying, which airline? _____

Where will you be staying? (check one) _____
 ___ Family ___ Friends ___ Hotel ___ Other

Mail completed entry form with fee payable by check or money order in US Dollars to:

Continental Event and Sports Management Group
 Attn: Registration MB
 PO Box 56-1154
 Miami, FL 33256-1154

Waiver - Required

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge Continental Event and Sports Management Group, LLC, the City of Myrtle Beach, USATF, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releasees"), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferable. I grant to the Medical Director of the Events, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

IF THE PARTICIPANT IS UNDER THE AGE OF 18: I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is 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/ward's medical records as necessary.

Signature of Applicant

Date

Signature of Parent or Legal Guardian (if applicant is under 18)

Date