

# Journeys Marathon Official Entry Form 2019

(One participant per form. This form may be duplicated)

Where did you hear about Journeys Marathon? \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: L: Female Male

In case of emergency call :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Race Entering: (Circle One) Marathon Half Marathon Power Walk 10K 5K

Level Entering At: (Circle One) Run Walk Wheeler

Age Group: (Circle One) 12-18 19-29 30-34 35-39 40-44 45-49  
 50-54 55-59 60-64 65-69 70-74 75-80  
 80 and over

T-Shirt Size: (Circle One) (Cannot guarantee size with registration after 4/1)

S M L XL XXL

Entry Fees:

**Full Marathon** \$65 by 4/1, \$75 by 5/11 \$ \_\_\_\_\_

**Half Marathon** \$55 by 4/1, \$65 by 5/11 \$ \_\_\_\_\_

**Power Walk** \$55 by 4/1, \$65 by 5/11 \$ \_\_\_\_\_

**10K** \$45 by 4/1, \$55 by 5/11 \$ \_\_\_\_\_

**5K** \$35 by 4/1, \$40 by 5/11 \$ \_\_\_\_\_

**Total (Enclosed with form)** \$ \_\_\_\_\_

**Please Read and sign this waiver. Then enclose payment and mail to the address listed below.** Waiver: Participating in the Journeys Marathon, half marathon, power walk, 10K, 5K and Kids Fun Run can be a serious threat to the health of participating individuals, especially to those who have not trained or are not in excellent health. Those participating should check with their physician prior to participating in Journeys Marathon.

Knowingly and at my own risk I am applying to enter the Journeys Marathon. I myself, executors, administrators, heirs and assignees and anyone entitled to act on my behalf do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature including, but not limited to, attorney fees, which may at any time be incurred by reason of my participation in or my preparation for any of the aforesaid events as a result of my participating in Journeys Marathon. I myself and anyone entitled to act on my behalf also do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature against Journeys Marathon, the City of Eagle River, Town of Boulder Junction, Town of Plum Lake, Town of Cloverland, Town of Conover, Town of Lincoln, Vilas County, the Northern Highland American Legion State Forest, the State of Wisconsin, the Eagle River Area Chamber of Commerce, all sponsors or any employee, volunteer, official or elected official of these organizations. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. I further hereby certify that I have full knowledge of the risks involved in this event and I am physically fit and have sufficiently trained to participate. If, however, as a result of my participation in Journeys Marathon, I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary by authorized personnel.

I grant to Journeys Marathon and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion or other account of this event.

Date: \_\_\_\_\_

Signature (Participant): \_\_\_\_\_

Signature of Parent of Guardian if under 18 \_\_\_\_\_

Make Checks payable to: **Eagle River Area Chamber of Commerce**

Mail to: **Eagle River Area Chamber of Commerce and Visitors Center**  
**P.O. Box 1917 - JM, Eagle River, WI 54521-1917**

Phone: **(800) 359-6315**