

OFFICIAL ENTRY FORM 2019

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

Where Did You Hear About Journeys Marathon: _____

Have you participated in Journeys before? Yes No

Full Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Age: _____ Birthdate: _____ Sex: M F

In case of emergency during the race:

Name: _____ Ph.: _____

RACE ENTERING:

Marathon Half Marathon

10K 5K 13.1 Power Walk

Run Walk Wheeler Hand Crank

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 75-79 80+

T-SHIRT (unisex sizes): S M L XL XXL

Cannot guarantee shirt size if registered after April 1, 2019.

ENTRY FEES:

FULL MARATHON \$ _____

\$65 by 4/1, \$75 by 5/11

HALF MARATHON & 13.1 POWER WALK \$ _____

\$55 by 4/1, \$65 by 5/11

10K \$ _____

\$45 by 4/1 and \$55 by 5/11

5K \$ _____

\$35 by 4/1 and \$40 by 5/11

TOTAL (enclose 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 and 5K 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 in the Journeys Marathon. I myself, my 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 at any time may 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, volunteers, officials or elected officials 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 sufficiently trained to participate. If, however, as a result in my participation of 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 _____

(Parent or Guardian if participant is under 18)

Make check payable to Eagle River Area Chamber of Commerce and mail to:

Eagle River Area Chamber of Commerce & Visitors Center

P.O. Box 1917-JM • Eagle River, WI 54521-1917