



MISSISSAUGA MARATHON REGISTRATION FORM

SATURDAY, MAY 3rd & SUNDAY, MAY 4th, 2014

REGISTRATION CLOSES WEDNESDAY, APRIL 30th AT 5:00 PM.
REGISTER BEFORE MONDAY, APRIL 21st TO HAVE YOUR FIRST NAME PRINTED ON YOUR BIB.

SELECT YOUR EVENT:

SATURDAY, MAY 3rd:

- Starbucks Coffee Hazel 5K
- Valeant Pharmaceuticals 10K Run
- Valeant Pharmaceuticals 10K Walk

SUNDAY, MAY 4th:

- Marathon
- Recharge with Milk Half Marathon Run
- Recharge with Milk Half Marathon Walk
- SUBWAY® Restaurants 2K Fun Run/Walk

() Participating in MaraFun & School Name: _____

List of Events	by Oct. 30	HST	by Jan. 29	HST	by Mar. 26	HST	by Ap. 30	HST	At Expo	HST
Marathon	70	9.10	75	9.75	85	11.05	95	12.35	105	13.65
Recharge with Milk Half Marathon	60	7.80	65	8.45	75	9.75	85	11.05	95	12.35
Valeant Pharmaceuticals 10K	40	5.20	45	5.85	55	7.15	65	8.45	75	9.75
Starbucks Coffee Hazel 5K	35	4.55	40	5.20	45	5.85	55	7.15	65	8.45
SUBWAY® Restaurants 2K Fun Run/Walk	20	2.60	25	3.25	30	3.90	35	4.55	40	5.20

ENTRY FEE = \$ _____ HST (13%) = \$ _____

iTaB = \$ _____

TOTAL FEES = \$ _____

CHEQUES PAYABLE TO: Mississauga Marathon

Last Name _____ First Name _____

Address _____ Apt./Suite _____

Town/City _____ Prov./State _____ Postal Code _____ Country _____

Home Phone # _____ Office Phone # _____ Email _____

D.O.B. (DD/MM/YY) _____ Age on Race Day _____ Gender: Male Female

Health Conditions /Allergies _____

Predicted Finish Time _____ Previous Best _____ Championship# _____

Would you like to personalize your medal with your name and finish time using the iTaB feature for \$10.00?

* 2K participants will only have their name engraved as the SUBWAY® Restaurants 2K event it is not timed.

If you select yes, please add an additional \$10.00 to your registration fee.

Yes No

Please contact me. I am able to volunteer on race weekend:

Name: _____ E-mail: _____

Waiver, Release & Indemnification

In consideration of the acceptance of my application and the permission to participate as a volunteer or competitor in the Mississauga Marathon, in any or all of the following events: the Marathon, Petrillo Law Relay Challenge, Recharge with Milk Half Marathon, Valeant Pharmaceuticals 10K, 10K Student Relay, Starbucks Coffee Hazel 5K, SUBWAY® Restaurants 2K Fun Run/Walk, post race activities on Saturday, May 3rd and Sunday, May 4th, 2014 and any other 2014 Mississauga Marathon activities that take place prior to or after the event. I, for myself my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge The City of Mississauga, the Peel Regional Police, the Chief of Police, the Mississauga Transit Commission, the Ministry of Transportation of Ontario, all sponsors and contributors, Landmark Sport Group Inc. and its employees and volunteers, the Mississauga Marathon Organizing Committee, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity in respect of death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor, volunteer or otherwise, whether prior to, during or subsequent to the event, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. When you participate in any event or volunteer during the 2014 Mississauga Marathon, the staff has the right to use your image for promotional and marketable purposes. I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connected with, my participation in the said event. By submitting this entry I acknowledge having read, understood and agreed to the above waiver, release and indemnity. I warrant that I am physically fit to assist/participate in this event.

Print Name _____ Signature or Parent/Legal Guardian Signature (under 18 years of age) _____ Date _____

ALL ENTRIES ARE NON-REFUNDABLE & NON-TRANSFERABLE

All forms with payment **MUST BE RECEIVED** by the price increase date to pay that specific price.