# Entry form

Please print (block capitals) and fill out completely.

First Name | Age on 10/4/14 | Gender

M ☐
F ☐

Last Name

Street Address or P.O. Box

City | State

Zip Code | Home Phone

E-mail address _____

**Pre-registration must be postmarked by 9/19/14**

| Event | Pre-registration | Day of Race |
|---|---|---|
| Marathon | $55.00_____ | $65.00_____ |
| Half Marathon | $40.00_____ | $50.00_____ |
| 10K Road Race | $30.00_____ | $40.00_____ |

**Free long Sleeve T-Shirt with pre-registration for above races by 8/31/14** Size _____

Health Walk $5.00 per individual, $8.00 per family _____

Pasta Dinner 10/3/14, 5 to 7:30 PM, $8.00 per person _____

**Make checks payable to: NHMarathon**

**Donations for Our Charities** _____

**TOTAL** _____

All Entries Non-Refundable

How did you hear about us? _____

**Release and waiver:** In consideration of the acceptance of this entry, I do forever release the Bristol Recreation Advisory Council, the towns of Alexandria, Bridgewater, Bristol, Groton, and Hebron, the State of New Hampshire, the NEAC and all sponsors, volunteers and organizers of the New Hampshire Marathon, Half Marathon, 10-Kilometer Road Race, and Health Walk from any claims whatsoever arising from my participation in this event. I attest that I am physically fit and sufficiently trained to compete in this event. No refunds will be given. The race director reserves the right to reject any entry and to shorten or cancel the event if environmental or other safety conditions so dictate. Participants may be subject to formal drug testing in accordance with USATF rules and IAAF Rule 144. Information regarding drugs and drug testing may be obtained by calling the USOC Hot Line at 1-800-233-0393

Date _____

Signature _____

Parent/Guardian _____

(must also sign if competitor is under 18 on race day)

**Mail entries to: NH Marathon, 30 N. Main St. , Bristol, NH 03222**

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PDF Editor