

2017 REGISTRATION FORM

Please accurately and legibly complete all fields. Mail-in registrations must be postmarked no later than April 15, 2017 and are subject to capacity restrictions. **Entry is NON-REFUNDABLE.**

Register Online at www.CarmelMarathon.com



**NO RACE DAY REGISTRATION.
NO RACE DAY PACKET PICK-UP.**

1. SELECT EVENT

Check one:	Fee from now-12/31	Fee from 1/1-3/31	Fee from 4/1-4/16	Race Week Fee 4/17-4/21
<input type="checkbox"/> Marathon*	\$75	\$85	\$90	\$95
<input type="checkbox"/> Half Marathon**	\$55	\$60	\$70	\$75
<input type="checkbox"/> Horizon Bank 8K	\$30	\$35	\$40	\$45
<input type="checkbox"/> Carmel 5K	\$25	\$30	\$35	\$40
<input type="checkbox"/> 13 & Under 5K	\$15	\$20	\$25	\$30

*Must be at least 16 years old to participate in the marathon and be able to finish in 6.5 hours. **Must be at least 10 years old to participate in the half marathon. Skateboards and animals are prohibited. Baby joggers and strollers are ONLY allowed in the Carmel 5K.

2. PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Country _____ Sex: M F Date of Birth: ____/____/____ Age on 4/22/17 ____
(circle one) MM DD YYYY

Email _____ T-Shirt Size (GENDER SPECIFIC): XS / S / M / L / XL / XXL
(circle one)

Estimated Finish Time: Hr ____ Min ____ Phone # _____ Emergency # _____
(Required for Marathon & Half Marathon only)

University Attended _____

3. PAYMENT INFORMATION

3 or 4-Digit
Security Code

Check or Money Order Visa MC AMEX Card # _____ Exp. Date _____

Name on Card _____ Billing Address _____ Billing Zip _____

4. SIGN WAIVER:

All participants in the Carmel Marathon Weekend events and other related marathon weekend events (collectively the "events") are required to assume all risk of participation in the events by signing this release agreement: The undersigned Athlete and on behalf of Athlete's personal representatives, assigns, heirs, and executors, fully and forever releases from all liability, including negligence, the City of Carmel, Hamilton County, Carmel Road Racing Group, LLC and directors, officers, managers, employees, all municipal agencies whose property or personnel are used, and all other sponsoring or co-sponsoring companies or individuals related to the events (collectively Releasees). Athlete and on behalf of Athlete's personal representatives, assigns, heirs and executors waives the right to sue Releasees for all losses and damages that arise from any injury to Athlete or Athlete's property or resulting in Athlete's death in connection with the Athlete's participation in the events including but not limited to losses or damage caused by the negligence of all or any of the Releasees or otherwise, and also including any pre or post-race activities and any programs and/or giveaways conducted at the events/activities by a sponsor or other third party. The Athlete warrants that Athlete is in good physical condition and is able to safely participate in the events. The Athlete is fully aware of the risks and hazard inherent in participating in the events and elects to voluntarily compete in the events knowing such risks. The Athlete agrees to the use of Athlete's name and photograph in broadcasts, newspapers, brochures, and other media without compensation. The Athlete grants to the Medical Director of the events and the Official Medical Team and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. The Athlete acknowledges that Carmel Road Racing Group, LLC has the right to alter, change, cancel and/or postpone any of these events as a result of circumstances that would affect or impact the event which are beyond their control. The Athlete warrants that all statements made in this release agreement are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the events. Athlete has read the foregoing and intentionally and voluntarily certifies compliance by accepting this waiver. If Athlete is under age 18: The undersigned certifies that my son/daughter has my permission to participate in the events. The undersigned has read the foregoing release and waiver of liability agreement (above) and by signing below intentionally and voluntarily agrees to its terms and conditions. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature of Participant

Date

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

Date

**Mail completed registration form with check, money order or credit card information to:
Carmel Road Racing Group, 4000 W. 106th St., Suite 125, Box 408, Carmel, IN 46032**