ENTRY FORM

FLYING PIG KIDS' MARATHON 26TH-MILE AND 5K EVENTS – MAY 2, 2015

Registration also available online at www.flyingpigmarathon.com

OFFICIAL USE ONLY

#

AMT REC'D _____

CHECK/M.O. # _____

DATE REC'D

Fit Hearts - The Heart Institute Cincinnati Children's Hospital Medical Center
School or Group Affiliation

First Name M.I. Last Name

Male Female
Gender (check one)

MONTH DAY YEAR
Date of Birth

Age on race day

Email Address

Daytime Phone - -

Evening Phone - -

Street Address/Apartment Number

City State

ZIP Code/Postal Code

Country (leave blank if USA)

SM MED LG XL XXL
Adult T-shirt Size

or

XS SM MED LG
Youth T-shirt Size

XS (2–4) MED (10–12)
SM (6–8) LG (14—16)

(We will do our best, but we cannot guarantee size)

Race Entry Fees

	Through October 31	Through January 31	Through April 17	After April 17
Flying Pig Kids' Marathon 26th-Mile	$ 10	$ 10	$ 10	$ 15
Fly-Up 5K – **Student Rate Only**	$ 20	$ 20	$ 20	$ 35
Adult 5K	$ 25	$ 30	$ 35	$ 35
Sponsor a Kid to Participate and Become a "**Pig Pal**"	Suggested Donation $10.00			
Total Amount Enclosed				

No refunds.

Pay amount by check or money order in U.S. funds to *Cincinnati Marathon Inc.*

Credit Card Payment

Credit Card Number

Expiration Date

Name (as it appears on card)

Authorization Signature

I hereby authorize the Marathon to immediately bill the indicated entry amount against my credit card account.

Waiver and Signature

LIABILITY WAIVER AND RACE AGREEMENT. I hereby certify that I have carefully read, understand and agree to the Entry Form and the Terms and Conditions published by the Marathon, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the race, and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the Marathon, I, for myself, my heirs and assigns do hereby release The Cincinnati Marathon, Inc., Flying Pig Marathon, the Cities of Cincinnati, Covington and Newport, all sponsors, volunteers, Marathon staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the Marathon or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all Marathon events. I understand the Terms and Conditions (available on request or at www.flyingpigmarathon.com). I will not enter and run unless I am medically able and properly trained to do so.

Signature of Applicant Date

Emergency Contact Phone Number

Parent/Guardian Signature for all participants under 18 years of age Date