



EVENT ENTRY FORM 2019

4 EASY WAYS TO REGISTER

- 1 Online!** www.hartfordmarathon.com Always the fastest!
- 2 Mail:** Hartford Marathon Foundation, 41 Sequin Drive, Glastonbury, CT 06033
- 3 Fax:** 860.652.8145 **4 Scan & Email:** info@hartfordmarathon.com

Official Use Only		
Bib:	_____	
Div:	_____	
Date:	_____	
Cash:	CC: _____	Check: _____

1 YOUR INFORMATION (please print)

Full Name: Last _____ First _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (____) _____ Age: _____ Gender: ___ M ___ F
 Email: _____
 Birth Date: (MM/DD/YY)(req'd for div. place) ____/____/____
 Emergency Contact Name: _____
Emergency Contact should not be a participant at the event
 Emergency Contact Phone: _____
 Preferred Shirt Size: (adult): S M L XL XXL
 or (child): S M L
We try our best to give you the size you want but can't guarantee it.

2 SELECT CATEGORY

___ Individual Age Group ___ Clydesdale/Athena ___ Kids Fun Run

Team Entries: (Each member must complete a form and all must be submitted together)
 Team Name: _____ Team Captain: _____
(select team event and category)
Eversource Hartford Marathon Relay: ___ Mixed Team ___ Male Team ___ Female Team
Du/Tri Relay Team: ___ Mixed Team ___ Male Team ___ Female Team
Red Dress Run: ___ Mother/Daughter Team ___ Open Team
Surftown Half Marathon Relay: ___ Mixed Team ___ Male Team ___ Female Team

3 SELECT RACES

↓ Check box for races entered	Race	↓ Please Circle One	Race Date	Current Price	Mail My Packet
	Resolution Run	5K	Sunday, January 13		
	O'Shenanigans 5K	5K	Saturday, March 9		
	Courthouse O'Putnam 5K	5K	Sunday, March 10		
	O'Niantic 5K	5K	Saturday, March 16		
	O'Hartford 5K	5K	Sunday, March 17		
	Harvard Pilgrim Middletown 10 Mile & 3.5 Mile Run	10M 3.5M	Sunday, April 7		\$18
	MahoneySabol 5K at the Travelers Championship	5K Fitness Walk	Saturday, April 27		
	L+M Hospital Spring Stride	5K 10K	Saturday, May 4		
	Burlington to Collinsville Classic	10K	Sunday, May 5		
	Mystic Half Marathon & 10K	Half 10K	Sunday, May 19		\$18
	Circuit on Iron Horse		Saturday, June 1		
	UConn Health Half Marathon, 10K & 5K on Iron Horse	Half 10K 5K	Sunday, June 2		\$18
	Summer Solstice Trail Run	5.5M 3.3M	Sunday, June 16		
	Stamford KIC IT Triathlon	Tri Sprint Tri Olympic	Sunday, June 23		
	Riverfront Scramble #1	5K	Thursday, June 27		
	Zero Prostate 5K	5K	Sunday, June 30		
	Red Dress Run For Women	5K	Saturday, July 13		
	Achilles CT Hope & Possibility® Run	10K 5K 1.5M Walk	Sunday, July 21		
	Riverfront Scramble #2	5K	Thursday, July 25		
	Niantic Bay Triathlon	Triathlon Relay Aquabike	Sunday, August 11		
	Riverfront Scramble #3	5K	Thursday, August 22		
	RiMaConn Relay	6-person Relay 3-person Relay	Saturday, August 24		
	Old Wethersfield 5K & 10K	10K 5K	Sunday, August 25		
	Women's Triathlon	Triathlon Relay Aquabike	Saturday, September 7		
	Surftown Half Marathon, 2-Person Relay & 5K	Half Relay 5K	Sunday, September 8		\$18
	Eversource Hartford Marathon	Marathon Half Relay 5K	Saturday, October 12		\$18
	Pumpkin Run	5K	Sunday, October 27		
	Amherst Half Marathon, Relay & 5K	Half Relay 5K	Sunday, November 10		\$18
	Norwich Winterfest 5K	5K	Saturday, December 7		
	Blue Back Mitten Run	5K	Sunday, December 8		
	Run for a Claus	2.5 Mile	Sunday, December 15		

➡ **TURN OVER FOR MORE REQUIRED INFORMATION ON REVERSE SIDE** ➡

4 TRIATHLON / DUATHLON ONLY

USA Triathlon #: _____

USA Triathlon Expiration: _____

If you are not an annual member of USA Triathlon, you must purchase a one-day membership at a cost of \$15. Please add \$15 per event in Payment Summary (section 5).

If you would like to purchase a USAT Annual Membership, go to usatriathlon.org

USAT one-day license for youth, 17 and under is \$10.

5 PAYMENT SUMMARY

Entry Fees (see website)	\$ _____
USAT One-Day License (Du/Tris ONLY) (see section 4)	\$ _____
Mail My Packet (\$18 for certain events selected in section 3)	\$ _____
Processing Fee	\$ 5.00
Print Discount Code _____ Discount Amount	\$ _____

I am an athlete who loves my sport. I understand that my entry fee only covers a portion of the cost to produce the race I will participate in and that the balance is made up from sponsorships and donations. Please accept my tax deductible donation.

Donation to HMF: \$ _____

TOTAL (payable to HMF) \$ _____

6 CREDIT CARD PAYMENT

Type:     CSV: _____

Card # _____ Exp. Date: _____

Cardmember's Signature: _____

RUNNING EVENT WAIVER FORM (Signature Required)

This form is only for HMF running events. Triathlons and duathlons use USA Triathlon waiver which is distributed at event packet pickup. USAT waiver must be signed in person by participating athlete at packet pickup. No substitution.

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release the Hartford Marathon Foundation, Inc., its officers, directors, agents, volunteers and employees, all states, cities, counties, the Metropolitan District Commission or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates or inline skates and animals are not allowed in the event and I will abide by this policy. I also understand that baby joggers are discouraged for the safety of all participants. I am aware that the Foundation strongly discourages the use of personal audio devices (iPods and MP3 headsets).

I authorize any healthcare provider to release any and all information pertaining to my healthcare, medical condition and medical treatment as a result of my participation in this Hartford Marathon Foundation, Inc. event to the Hartford Marathon Foundation, Inc. and its staff.

Athlete Name: _____ Date: ____ / ____ / ____

Athlete Signature: _____

Parent Signature (if under 18): _____