



# EVENT ENTRY FORM 2016

## 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

<b>Official Use Only</b>		
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): XS 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  
**CTfastrak 15K & Relay:** \_\_\_ Mixed Team \_\_\_ Male Team \_\_\_ Female Team

### 3 SELECT RACES

↓ Check box for races entered	Race	↓ Please Circle One	Race Date	Mail My Packet
	Courthouse O'Putnam 5K	5K	Sunday, March 13	
	O'Niantic 5K	5K	Saturday, March 19	
	O'Hartford 5K	5K	Sunday, March 20	
	Harvard Pilgrim Middletown Half & Legends 4 Mile	Half 4M	Sunday, April 03	\$18
	CTfastrak 15K & Relay	15K Relay	Sunday, April 17	
	5K at the Travelers Championship	5K	Saturday, April 30	
	Collinsville Classic 10K	10K	Sunday, May 01	
	Mystic Half Marathon & 10K	Half 10K	Sunday, May 15	\$18
	Shamrock Duathlon & 3.3 Mile Run	Duathlon 3.3 Relay	Sunday, May 22	
	Amica Iron Horse Half Marathon, 10K & 5K	Half 10K 5K	Sunday, June 05	\$18
	Summer Solstice Trail Run	3.3M 5.5M	Sunday, June 12	
	Riverfront Scramble #1	5K	Thursday, June 23	
	Red Dress Run For Women presented by UnitedHealthcare	5K	Saturday, July 09	
	Rentschler Airfield 5K	5K	Thursday, July 14	
	Litchfield Hills Triathlon, Duathlon & AquaBike	Triathlon Duathlon AquaBike Relay	Sunday, July 17	
	Riverfront Scramble #2	5K	Thursday, July 21	
	Niantic Bay Triathlon & AquaBike	Triathlon AquaBike Relay	Sunday, August 07	
	Achilles CT Hope & Possibility Run	5K 10K 1.5M Walk	Sunday, August 21	
	Riverfront Scramble #3	5K	Thursday, August 25	
	Old Wethersfield 5K & 10K	10K 5K	Sunday, August 28	
	Surftown Half & 5K	Half 5K	Sunday, September 11	\$18
	Women's Triathlon	Triathlon Relay	Sunday, September 18	
	Eversource Hartford Marathon	Marathon Half Relay 5K	Saturday, October 08	\$18
	Pumpkin Run	5K	Sunday, October 23	
	Freedom Run	5K	Sunday, November 06	
	Movember 5K	5K	Sunday, November 13	
	Norwich Winterfest 5K	5K	Saturday, November 26	
	Blue Back Mitten Run presented by UnitedHealthcare	5K	Sunday, December 04	

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

Notice of Waiver – All participants who register with this form must sign a HMF waiver form. Running event waiver on reverse side of this entry. Triathlon/Duathlon event waiver must be signed in by person by participating athlete at packet pickup. **No confirmation is sent for paper entries.** **Questions? Please call: 860.652.8866**

#### 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](http://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:        

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): \_\_\_\_\_

HMF16

**Someone else picking up your packet?** They must bring this PERMISSION SLIP signed by you to Packet Pick-up along with a copy of your photo ID.

I, \_\_\_\_\_, hereby authorize the holder of this document  
(athlete/participant name, please print clearly)

permission to pick up my race packet which includes my race bib and timing chip.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_