



EVENT ENTRY FORM 2020

3 EASY WAYS TO REGISTER

- 1 **Online!** www.hartfordmarathon.com Always the fastest!
- 2 **Mail:** Hartford Marathon Foundation, 41 Sequin Drive, Glastonbury, CT 06033
- 3 **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

Tri Relay Team: ___ Mixed Team ___ Male Team ___ Female Team

Red Dress Run: ___ Mother/Daughter Team ___ Open Team

RiMaConn Team: ___ Mixed Team ___ Male Team ___ Female 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
<input type="checkbox"/>	Resolution Run	5K			Sunday, January 12		
<input type="checkbox"/>	O'Shenanigans 5K	5K			Saturday, March 14		
<input type="checkbox"/>	Courthouse O'Putnam 5K	5K			Sunday, March 15		
<input type="checkbox"/>	O'Niantic 5K	5K			Saturday, March 21		
<input type="checkbox"/>	O'Hartford 5K	5K			Sunday, March 22		
<input type="checkbox"/>	Harvard Pilgrim Middletown 10 Mile & 3.5 Mile Run	10M	3.5M		Sunday, April 5	\$18	
<input type="checkbox"/>	MahoneySabol 5K at the Travelers Championship	5K	Fitness Walk		Saturday, April 25		
<input type="checkbox"/>	L+M Hospital Spring Stride	5K	10K		Saturday, May 2		
<input type="checkbox"/>	Burlington to Collinsville Classic	10K			Sunday, May 3		
<input type="checkbox"/>	Mystic Half Marathon & 10K	Half	10K		Sunday, May 17	\$18	
<input type="checkbox"/>	UConn Health Half Marathon, 10K & 5K	Half	10K	5K	Saturday, June 6	\$18	
<input type="checkbox"/>	Summer Solstice Trail Run	5.5M	3.3M		Saturday, June 20		
<input type="checkbox"/>	Zero Prostate 5K	5K			Sunday, June 21		
<input type="checkbox"/>	Red Dress Run For Women	5K			Saturday, July 11		
<input type="checkbox"/>	Riverfront Scramble: Boston vs. New York	5K			Thursday, July 16		
<input type="checkbox"/>	Achilles CT Hope & Possibility® Run	10K	5K	1.5M Walk	Sunday, July 19		
<input type="checkbox"/>	Niantic Bay Triathlon	Triathlon	Relay	Aquabike	Sunday, August 9		
<input type="checkbox"/>	Riverfront Scramble: Heroes vs. Villans	5K			Thursday, August 13		
<input type="checkbox"/>	Old Wethersfield 5K & 10K	10K	5K		Sunday, August 23		
<input type="checkbox"/>	RiMaConn Relay	6-person Relay	3-person Relay		Saturday, August 29		
<input type="checkbox"/>	Women's Triathlon	Triathlon	Relay	Aquabike	Saturday, September 12		
<input type="checkbox"/>	Surftown Half Marathon, 2-Person Relay & 5K	Half	Relay	5K	Sunday, September 13	\$18	
<input type="checkbox"/>	Eversource Hartford Marathon	Marathon	Half	Relay	5K	Saturday, October 10	\$18
<input type="checkbox"/>	Amherst Half Marathon, Relay & 5K	Half	Relay	5K	Sunday, November 8	\$18	
<input type="checkbox"/>	Norwich Winterfest 5K	5K			Saturday, December 5		
<input type="checkbox"/>	Blue Back Mitten Run	5K			Sunday, December 6		
<input type="checkbox"/>	12Ks of Christmas	12K			Saturday, December 12		
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➡ 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 person by participating athlete at packet pickup. **No confirmation is sent for paper entries. Questions? Please call: 860.652.8866**

4 TRIATHLON 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

5 PAYMENT SUMMARY

Entry Fees (see website)	\$ _____
USAT One-Day License (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 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): _____

HMF20