OCEAN CITY, MD HALF MARATHON / 5K ENTRY FORM

First Name Last Name

Mailing Address

City State Zip Code

Phone (please include area code) Date of Birth Age on race day

E-Mail Address

Choose an event:

☐ Ocean City, MD Half Marathon	April 24, 2010 at 7:00am	$60.00 until 03/31	$70.00 thereafter
☐ Ocean City, MD 5K	April 24, 2010 at 7:30am	$25.00 until 03/31	$35.00 thereafter

☐ Male ☐ Female T-Shirt: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

please make checks payable and mail to:
OC TriRunning Sports Inc. PO Box 1642, Berlin, MD 21811

Unconditional Release, Waiver, Indemnity, Assumption of Risk, and Agreement

UNCONDITIONAL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (AAGREEMENT@) In consideration for being permitted to participate in any way in any and/or all events(**AACTIVITY@**) on designated date(s), events owned by OC TriRunning, Inc./Running Feat, I, one participating in this event for myself, my personal representatives, assign heirs and next of kin: (1) **ACKNOWLEDGE,** agree and represent that I understand the nature of road running, swimming and or cycling and that I am qualified to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of open businesses, marinas, and parks activities are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity; (2) **FULLY UNDERSTAND** that (a) **ROAD RUNNING/CYCLING/SWIMMING ACTIVITIES INVOLVE RISKS and DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (ARISKS@);** (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of other participants in the Activity, the condition in which the Activity takes place and/or **THE NEGLIGENCE OF THE ARELEASEE@ NAMED BELOW;** (c) there maybe **OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation in the Activity; (4) **HEREBY RELEASE DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS.** OC TriRunning, Running Feat, its administrators, officers, directors, shareholders, volunteers, staff, agents and employees; other participants; and any other sponsors, advertisers and, if applicable, owners, lessors and/or lessees of any premises on which the Activity takes place (each considered the **ARELEASEES@** herein) **FROM ALL LIABILITY, CLAIMS, LOSSES OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE ARELEASEES@ OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.**

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature, and intend it to be complete and unconditional release of all liability to the greatest extent allowed by law, and **further agree** that if any portion of this agreement is held to be invalid that the balance, shall continue in full force and effect.

**Each participant must sign his/her own Release Form.

Signature: _____ Date: _____

Emergency Contact: _____ _____ Phone: _____