

COLUMBUS HALF MARATHON & 5K OFFICIAL ENTRY FORM

(please print and complete all fields)

First Name

Last Name

Address

City

State

Zip

E-Mail Address

Tel. #:

I am entering (circle one) HALF MARATHON 5K KIDS RUN

I am a (circle one) Runner Walker

Male _____ Female _____ Age on 8/16 _____

Are you a Cruiser Weight (190/Men & 150/Women) (circle one):

YES

NO

Shirt Size: S M L XL

KIDS RUN SHIRT SIZES: YS YM YL

All Kids Run entrants must pre-register by 8/13.

ENTRY FEE: HALF MARATHON: \$35 Race Day: \$40
5K: \$29 Race Day: \$30
KIDS: \$10 No Kids Run Race Day entry.

ONLINE REGISTRATION: www.ultrafit-usa.com
Make checks payable to and mail with completed entry(s) to:
ULTRAFIT-USA, PO BOX 629, HILLIARD OH 43026

Race Waiver: (Please read carefully) In return for acceptance of my entry fee in this event, I, for my executor, administrators and assigns, hereby release and discharge ULTRAFIT-USA, City of Dublin, Columbus Metro Parks, any and all sponsors associated with the race, their agents and employees for any and all claims for damages, actions, demands, and injuries arising out of my participation in this event. I have full knowledge of all risks involved in participating in the run and state that I am physically fit and sufficiently trained to participate in it.

SIGNATURE

DATE

GUARDIAN SIGNATURE (If race participant is under the age of 18)