

ENTRY FORM Niagara Falls International Marathon

Please fill out ALL the information or we cannot process your entry! **OCTOBER 21, 2012**

Last Name _____ First Name _____ MI _____



Address _____

City/Town _____ State/Province _____

Zip/Postal Code _____ Country _____

Day Phone _____ Evening Phone _____

E-Mail (required for registration – please print) _____

Date of Birth (year/month/day) _____ Age (on race day) _____ Gender _____

Country of Birth _____ Citizenship _____

Shirt Size - Female (S, M, L, XL, XXL) _____ Shirt Size - Male (S, M, L, XL, XXL) _____

Entry Fees – Canadian dollars (including HST)

Marathon Run

\$90 through March 31st

\$100 April 1st to June 30th

\$110 July 1st to September 30th

\$120 October 1st onward

Marathon Relay (2 Person) limited to 200 teams

\$150 (per team) through March 31st

\$170 (per team) April 1st to June 30th

\$190 (per team) July 1st to September 30th

\$210 (per team) October 1st onward

Half-Marathon Run/Walk/Wheelchair

\$65 through March 31st

\$75 April 1st to June 30th

\$85 July 1st to September 30th

\$95 October 1st onward

10K Run/Walk

\$45 through March 31st

\$50 April 1st to June 30th

\$55 July 1st to September 30th

\$60 October 1st onward

5K Run/Walk

\$35 through March 31st

\$40 April 1st to June 30th

\$45 July 1st to September 30th

\$50 October 1st onward

5km Run Youth (18 & Under)

\$25.00

Start Times

8:30 **10K**

9:30 **5K**

10:00 **Half-Marathon Run/Walk**

10:00 **Marathon/Marathon Relay**

9:55 **Half-Marathon Wheelchair**

Note: Wheel Chair has two divisions

- Push Rim

- Hand Crank

Pasta Party - \$20.00 (Limited to 550)

FOR MORE INFORMATION

Niagara Falls International Marathon
5300 Willmott Street, Niagara Falls
Phone 905-356-9460 Fax 905-356-7156
info@niagarafallsmarathon.com
www.niagarafallsmarathon.com

Confirmation

All entrants will receive a confirmation package via email.

NOTE:

> Bus: There will be no additional charge for the use of busses to the marathon and half-marathon starts.

> Relay: Each team member must fill out an individual form & must Provide a TEAM NAME

RELAY TEAM NAME: _____

Please check the event you wish to enter below:

Marathon	<input type="checkbox"/>	Marathon Relay	<input type="checkbox"/>	1/2 Marathon Run	<input type="checkbox"/>	1/2 Marathon Walk	<input type="checkbox"/>	1/2 Marathon Wheelchair	<input type="checkbox"/>	10K	<input type="checkbox"/>	5K	<input type="checkbox"/>	Pasta	<input type="checkbox"/>
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Due to Immigration requirements NO full marathon or relay applications will be accepted after October 15th. Grand Total \$ _____
All Marathon runners give their consent to release of information to Customs & Immigration.

Enclosed is my cheque in the amount of \$ _____ I wish to pay by VISA _____ MASTERCARD _____

Card No. _____ Expiry Date _____ Verification Number _____

Signature _____

Entry Fee is Non-Refundable & Non-Transferable

Make cheques payable to Niagara Falls International Marathon and send to:

Niagara Falls International Marathon Inc. 5300 Willmott Street, Niagara Falls, Ontario L2E 2A7

Waiver must be signed for entry acceptance. In registering for the Niagara Falls International Marathon or any event outlined in this application, I state that I fully understand and assume the risk and participating on a course with vehicular traffic, even when the course is policed, and for training to an appropriate level of fitness to participate in such a physically demanding event. I hereby state that I am fit to waive all claims for myself and for anyone acting on my behalf, against any and all sponsors of the Niagara Falls International Marathon, the Niagara Parks Commission, City of Buffalo, Town of Fort Erie, City of Niagara Falls, the Region of Niagara, Peace Bridge Authority, Track Niagara, Albright Knox Art Gallery, and the Falls Management Company for damages that might result from my participating therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials.

Signature _____