

**OFFICIAL ENTRY FORM – 39th ANNUAL
SELECT MEDICAL CORPORATION HARRISBURG MARATHON - SUNDAY, NOVEMBER 13th 2011**

**Payment must be included for this form to be processed. NO REFUNDS. One form per runner.
MARATHON ENTRY FEE:**

Received by October 1 - \$60.00 Received October 2 to November 6 - \$70.00
 Nov. 7 thru Nov. 13 Race Day - \$75.00 Students (17 and under) - \$30.00

Walkers Only - Request 6:30 AM Early Start Yes No
No Race Day Registration for Walkers

Last Name _____
First Name _____ Middle Initial _____
Address _____
Address Line 2 _____ Phone _____
City _____ State _____ Zip _____
E-mail: _____
Age On Race Day _____ Date of Birth _____ Sex M F
(mm – dd - yyyy)

Number of Marathons Completed: _____

Shirt Size XS S M L XL

Pasta Dinner Nov. 12th (#):

Age 13 & over - \$18.00 _____

Age 6 to 12 - \$10.00 _____

Age 5 & under - free _____

I have enclosed the following:

Entry fee \$ _____

Pasta Dinners \$ _____

Total amount enclosed \$ _____

Mail check/money order payable to:

East Shore YMCA
701 N. Front St
Harrisburg, PA 17101
Attn: Chad Krebs

WAIVER AND RELEASE In consideration of your accepting this entry, I hereby, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights for liability and damages I may have against any sponsor, volunteer, and/or official of the Harrisburg Marathon, Harrisburg Area YMCA, City of Harrisburg, Dauphin County, Susquehanna Township, and their representatives, successors, and assigns for any and all injuries or death suffered by me in or arising by said event. I acknowledge that it is my responsibility to understand the risks and precautions I should take. I attest that I am who I claim to be, am physically fit, and have sufficiently trained for this event. I acknowledge that bicycles, skateboards, baby joggers, roller skates or inline skates, wheelchairs, audio headsets, and animals are prohibited in this event. I agree to not cover, alter, or transfer my assigned race number to another on pain of my and my transferee's disqualification from this and future events. I further acknowledge that my entry fee is non-refundable and non-transferable.

Signature _____ Date _____

Co-sign* _____ Date _____

*By parent/guardian if under 18 years old