

OFFICIAL ENTRY FORM – 38<sup>th</sup> ANNUAL  
SELECT MEDICAL CORPORATION HARRISBURG MARATHON - SUNDAY, NOVEMBER 14<sup>th</sup> 2010

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

Received by October 1 - \$55.00                       Received October 2 to November 7 - \$60.00  
 Nov. 8 thru Nov. 14 Race Day - \$70.00             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. 13<sup>th</sup> (#):**

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. **I also acknowledge that I am responsible for a replacement fee of \$25 if I fail to return the issued timing chip after the race or within 5 days.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-sign\* \_\_\_\_\_ Date \_\_\_\_\_

\*By parent/guardian if under 18 years old