Entry Form *Flying Pig Marathon*

Sunday Events — May 4, 2008

Registration also available online at www.flyingpigmarathon.com

Entries must be postmarked by **April 4, 2008**.

Personally-Owned ChampionChip Number

OFFICIAL USE ONLY

#

AMT REC'D _____

CHECK/M.O. # _____

DATE REC'D _____

Event (check one) ☐ Marathon ☐ Half Marathon ☐ Relay

Category (if applicable) ☐ Pump N' Run

Division (check one) ☐ Age Group ☐ Wheelchair ☐ Walker

☐ Clydesdale, Male (200–219 lbs.) ☐ Clydesdale, Male (220+ lbs.) ☐ Athena, Female (140+ lbs.)

First Name _____ M.I. _____ Last Name _____

Street Address/Apartment Number _____

City _____ State _____

ZIP Code/Postal Code _____ Country (leave blank if USA) _____

Daytime Phone ___-___-____ Evening Phone ___-___-____

Date of Birth MONTH ___ DAY ___ YEAR ___

Age on race day ___ *You must be 18 years of age on date of race to participate in Marathon; 14 years for Relay and Half Marathon.*

Gender (check one) ☐ Male ☐ Female

Email Address _____

T-shirt Size (adult) SM MED LG XL XXL

(We will do our best, but we cannot guarantee size)

Marathon shirts are Asics men's and women's technical shirts.

Number of Previous Marathons _____

Number of Previous Flying Pig Marathons _____

Expected Finish Time ___:___

Team Division (submit all team member entries together) ☐ Male ☐ Female ☐ Coed

Relay Participants

- **ALL** four entries for team must be sent together
- Designate a team captain to receive correspondence
- Send **ONE** payment for team

Corporate 4-Person Relay Sponsor _____

Team Name (LIMIT TO 20 CHARACTERS) _____

Team Captain _____

Member 2 _____

Member 3 _____

Member 4 _____

Race Entry Fees

	Postmarked by January 31	Postmarked by April 4	Late Registration After April 4
Marathon	$ 60	$ 75	$ 90
Marathon Pump N' Run	$ 70	$ 85	$ 100
Half Marathon	$ 50	$ 55	$ 70
Half Marathon Pump N' Run	$ 60	$ 65	$ 80
Corporate Relay	$ 500	$ 500	$ 500
Open 4-Person Relay	$ 220	$ 260	$ 260
Pasta Party Tickets			
_____ # of Adults @ $15 per person			
_____ # of Children (3–12) @ $8 per person			
Pasta Seating (circle one): 4:30 p.m. 6:00 p.m.			
Total Amount Enclosed			

No refunds.

Pay amount by check or money order in U.S. funds to *The Cincinnati Marathon* and mail to:

Cincinnati Flying Pig Marathon, 644 Linn Street, Suite 626, Cincinnati, OH 45203

After April 4, 2008, entries will be taken May 2 and May 3, 2008.

THERE IS NO RACE-DAY REGISTRATION FOR SUNDAY EVENTS.

Credit Card Payment (check one) ☐ VISA ☐ MasterCard

Credit Card Number _____ Expiration Date _____

Name (as it appears on card) _____

Authorization Signature _____

I hereby authorize the Marathon to immediately bill the indicated entry amount against my credit card account. I further authorize the Marathon to bill me against this same account if I fail to surrender the ChampionChip after competing in the Marathon.

Waiver and Signature

LIABILITY WAIVER AND RACE AGREEMENT. I hereby certify that I have carefully read, understand and agree to the Entry Form and the Terms and Conditions published by the Marathon, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the race, and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the Marathon, I, for myself, my heirs and assigns do hereby release The Cincinnati Marathon, Inc., Flying Pig Marathon, the Cities of Cincinnati, Covington and Newport, all sponsors, volunteers, Marathon staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the Marathon or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all Marathon events. I understand that participants in the Marathon are subject to drug testing as described in the Terms and Conditions (available on request or at www.flyingpigmarathon.com). I will not enter and run unless I am medically able and properly trained to do so.

I understand that the course is open to participants for seven (7) hours.

Signature of Applicant (Marathon applicants must be 18 years of age; half marathon and relay 14 years of age) _____ Date _____

Emergency Contact _____ Phone Number _____

Parent/Guardian Signature for all participants under 18 years of age _____ Date _____