



Mail Entry Form and Fee to
Brookings Marathon
PO Box 8012
Brookings, SD 57006

TEAM NAME _____

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

GENDER M/F

BIRTHDAY

AGE ON RACE DAY

SHIRT SIZE:

MALE

FEMALE

S

M

L

XL

2XL

E-MAIL ADDRESS

Race limits of 300 Marathon entries, 400 Half Marathon entries, and 50 Relay teams
Please, no registration refunds or transfers.

AGREEMENT, WAIVER, RELEASE AND ACKNOWLEDGEMENT: I the undersigned acknowledge that it is my responsibility to understand the risks and determine whether I am fit to safely participate in this event and the precautions I should take. I hereby assume full responsibility for my safety and health during this event. I hereby, for myself, my heirs, guardians and personal representatives, forever release, hold harmless, and discharge the Brookings Marathon, its sponsors, directors, volunteers, municipal agencies and beneficiaries, and all other persons and entities associated with the event, (collectively, the "Organizers"), from and against any and all rights and claims for injuries or damages I may sustain or receive arising in any manner from my participation in the event, regardless of whether such injuries or damages result from the negligence of the Organizers. I recognize that the event takes place on open roads and bike trails with many traffic crossings, and regardless of Organizers' efforts to control traffic, I am responsible for my own safety when participating in this event, including when crossing intersections and interacting with moving vehicles. I grant permission to the Organizers to use my name and photograph in brochures and other promotional media without compensation. I acknowledge that the entry fee is non-refundable. If the event is delayed or prevented by any cause outside of the control of the Organizers there shall be no refund of the entry fee or any other costs incurred by me.

X

SIGNATURE

X

PARENT/GUARDIAN SIGNATURE (Must sign if participant is under age 18.)