



2010 Toronto Women's Half Marathon and 5k Registration Form

General Information

Select your event (see registration fee structure):

May 30, 8:00 am: Half Marathon ____ May 30, 8:20 am: 5k ____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Day Phone: _____ Evening or Cell Phone: _____

E-mail: _____

DOB (Y-M-D): _____ Age (on race day): ____ Gender: F __ M __

Shirt Size (women's sizing) __XS __S __M __L __XL

Health Conditions / Allergies: _____

Previous best HALF Marathon time (if applicable): _____ Predicted finish time: _____ * Mandatory Field (0:00:00 format only)

Timing Chip # (if chip owner): _____ Road Warrior AthleteID (if available): _____

My inspiration for running this event: _____

How did you hear about event? _____

	<u>By Aug. 15</u>	<u>By March 31</u>	<u>April 1- Race Day</u>
Half Marathon	\$60	\$70	\$85
5k	\$35	\$40	\$50

All Entries are non-refundable and non-transferable.

THERE IS A \$10 ADMIN FEE FOR ALL MANUAL ENTRIES – ENTER ON-LINE AT: www.towomenshalf.com and SAVE the \$10 admin fee

Note: Sorry, no wheelchairs, baby joggers, in-line skates or bikes allowed.

Payment

Total \$ _____ Cheque ONLY

Make cheques payable to: MAX VO2 Management

Waiver, Release & Indemnification

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the Toronto Women's Half Marathon & 5k, Sunday May 30th, 2010, I (the Athlete) hereby state I have conditioned myself to participate in the event(s) I have chosen.

I, for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE The City of Toronto, The Toronto Police Services Board, The Toronto Police Service, Members of the Toronto Police Service Auxiliary Program, The Chief of Police, The Toronto Transit Commission, Race Officials and Volunteers, MAX VO2 Management Inc., and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor, or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of the aforesaid.

I warrant that I am in good physical condition and am able to safely participate in the Events. I am fully aware of the risks and hazards inherent in participating in the Events, including the possibility of serious physical trauma, injury or death, and elect to voluntarily compete in the Events knowing such risks. I agree to the use of my name and photographs in broadcasts, newspapers, magazines, brochures, and other media without compensation.



I grant to the Medical Director of the Half Marathon and 5K access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that MAX VO2 Management Inc. has the right to alter, change, cancel and/or postpone any of these events as a result of circumstances that would affect or impact the event which are beyond their control.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. I agree to receive periodic mail and email from MAX VO2 Management Inc. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREED TO THE ABOVE WAIVER, RELEASE and INDEMNITY.

I warrant that all statements made in this release agreement are true and correct and understand that Max VO2 Inc. has relied on them in allowing me to participate in the Events.

Signature _____ Date: _____

IF ATHLETE IS UNDER AGE 18: The undersigned certifies that my daughter has my permission to participate in the TORONTO WOMEN'S HALF MARATHON & 5K. I have read and I understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing below intentionally and voluntarily agree to its terms and conditions and agree that its terms shall likewise bind me, my child, and our heirs legal representatives, and assignees.

Parent or Legal Guardian Signature _____ Date: _____

Please complete the form and mail to: 416.535.8131

TORONTO WOMEN'S HALF MARATHON
79 Winnett Ave, Ste 101
Toronto, ON
M6C 3L4