

# 2011 INDIVIDUAL ENTRY FORM

RACE DESIRED	
<input type="checkbox"/> Marathon <input type="checkbox"/> Half Marathon <input type="checkbox"/> 10K Race <input type="checkbox"/> 5K Walk/Run  <b>Relay Team registration on reverse.</b>	<input type="checkbox"/> Adaptive Cycling <input type="checkbox"/> Wheelchair

EVENT	BEFORE 10/2	PACKET PICK UP 10/1	RACE DAY	SPAGHETTI DINNER MEAL	AMOUNT
MARATHON	\$45	\$55	\$60	FREE	
HALF MARATHON	\$30	\$40	\$45	FREE	
RUNNING CLUB MARATHON FEE (10+ Registered)	\$35	\$45	\$50	FREE	
10K	\$20	\$25	\$25	FREE	
5K	\$10	\$15	\$15	\$5.00	
SPAGHETTI DINNER	# OF GUESTS		X	\$5.00 EACH	
<b>TOTAL ENCLOSED (U.S. ONLY)</b> (Entry fees are non-refundable.)					

Make check or money order payable to Greater Johnstown Community YMCA, and mail payment and completed entry form to:

Greater Johnstown YMCA  
 100 Haynes Street, Johnstown, PA 15901  
 Phone: 814-535-8381 FAX: 814-535-8384

Last Name (Please Print)  Sex (M/F)

First Name (Please Print)  Initial  Age (As of 10/02/11)

Mailing Address

City  State  Zip Code

Daytime Telephone  Evening Telephone

Birth Date  -  -  USA Track & Field Number (Not required.)

Best Completed Marathon  :  :  Year  / Location  T-Shirt Size (Circle One)  S  M  L  XL  XXL

**PLEASE READ WAIVER BEFORE SIGNING**  
 In consideration of your accepting this entry I, the above signed, intending to be legally bound hereby, for myself, my heirs, executors, and the administrators, waive and release any and all rights and claims for damages I may have against the City of Johnstown, Johnstown YMCA marathon and 10K, USA Track and Field and any other sponsors, their representatives, successors and assigns, for any and all claims or liabilities of any kind arising out of my participation in this event. I assume all risk associated with my participation, including, but not limited to, weather, course conditions and the behavior of participants, course workers and observers. Further, I hereby grant full permission to any all of the aforementioned parties to use my name, likeness, and voice in any and all multimedia form.

\_\_\_\_\_  
 Email Address (\*Signature of parent/guardian is required for applicant under 18 years of age.)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Co-Signature\* \_\_\_\_\_ Date \_\_\_\_\_