



2012 Pittsburgh Marathon/Imagine No Malaria Entry Form

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email Address _____ Date of Birth _____

Emergency Contact _____ Phone _____

Event (circle one): Marathon ½ marathon Relay 5k Estimated finishing time _____

T-shirt Size: Men or Women's (S-XL) _____

Liability Waiver and Release: I know that training for a road race and running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with training and running in this event including but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, all such risks being known and understood by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, do hereby release and discharge The United Methodist Church from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature _____ Date _____

E-mail completed form to: marathon@wpaumc.org; Fax to 724-776-1683; or

Mail to: Marathon/Imagine No Malaria, %United Methodist Center, Box 5002, 1204 Freedom Rd., Cranberry Twp., PA 16066-5002