MOGETHIN MARATHON

June 26, 2010 • Yap, FSM

OFFICIAL REGISTRATION FORM

1 SELECT YOUR EVENT: ☐ MARATHON ☐ HALF MARATHON ☐ 5 K ☐ FUN RUN

2 REGISTRATION FEES

	Local (FSM resident)		Non- Local	
	by June 4	by June 25	by June 4	by June 25
Marathon	$2	$15	$15	$35
Half Marathon	$2	$15	$15	$35

	All Participants	
	by June 4	by June 25
5 K	$2	$6
Fun Run	FREE	FREE

CHECKS PAYABLE TO: YAP SPORTS COUNCIL

TOTAL ENTRY FEE = $ _____

3 LAST NAME | SUFFIX | **4** FIRST NAME | M.I.

5 STREET ADDRESS /APARTMENT NUMBER

6 CITY | **7** STATE/PROVINCE

8 ZIP/POSTAL CODE | **9** COUNTRY | **10** E-MAIL ADDRESS (PLEASE PRINT)

11 SEX M/F | **12** DATE OF BIRTH ___/___/___ | **13** AGE (ON 6/26/2010) | **14** IS THIS YOUR FIRST MARATHON? ☐ Yes ☐ No | **15** PREDICTED FINISH TIME | **16** PREVIOUS BEST

17 DAYTIME TELEPHONE NUMBER ___-___-____ | **18** EVENING TELEPHONE NUMBER ___-___-____ | **19** T-SHIRT SIZE (CHECK ONE) ☐ S ☐ M ☐ L ☐ XL

20 Waiver -

In consideration for your accepting my entry in the Mogethin Marathon and associated races (including but not limited to the full marathon, the half-marathon, the 5K, and the Fun Run), I, the undersigned, intending to be legally bound, waive and release for myself, my heirs, executor and administrators, any and all rights and claims for damages, demands and any other actions that have resulted from my participation in the event, which I may have against the Mogethin Marathon Organizing Committee, the City of Colonia, and all participating supports and those entities representatives, successors and assignees. I agree to hold these entities, and their agents, representatives, successors, and assignees harmless from any liability including any and all injuries, to include death, that are suffered by me as a result of my participation in this event.

I verify that I have full knowledge of the rigors of this race and the risk involved in participation, and I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and finish line.

I hereby grant permission to the Mogethin Marathon and its sponsors to use all information submitted in my application, and any photograph, videotape, motion pictures, recording and any other record of this event including pre-race and post-race publicity.

SIGNATURE OF PARTICIPANT DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN - FOR PARTICIPANTS UNDER 18 YEARS OF AGE DATE

Mail completed entry form with fee payable by check to: Elizabeth Lee, PO Box 1394, Colonia, Yap, 96943

ALL ENTRIES ARE NON-REFUNDABLE & NON-TRANSFERABLE