

2010 ZIONS BANK OGDEN MARATHON



Mail Completed Form to:
GOAL Foundation
 2491 Washington Blvd. Suite # 202
 Ogden, Utah 84401

Name (First) _____ (Last) _____

Relay Team Name (if applicable) _____ Company Name (if applicable) _____

Address _____ Apt.#/Suite _____

City _____ State _____ Zip or Postal Code _____

Country _____ E-Mail Address _____

Phone (Day) _____ M F Birth Date _____
 _____ M M D D Y Y Y Y

Waiver: (Must Be Signed)

Minimum age on race day is:
 12 half marathon & 16 marathon

A physical examination is not required to participate in the Ogden Marathon, but all competitors participate at their own risk. If in doubt as to your physical condition to engage in an event as strenuous as a Marathon, it is strongly recommended that you seek the advice of a competent physician and abide by his/her advice. All persons under 18 must have a written consent of a parent or legal guardian. In consideration for the privilege granted me of participating in the Ogden Marathon, and for other good and valuable consideration, I, intending to be legally bound, do hereby for myself, my heirs, executors, administrators, and assignees, waive and forever release the Ogden Marathon and any and all related entities or individuals, including but not limited to the GOAL Foundation, Ogden City, Weber County, and any sponsors, officials, members, employees, or volunteers, for any damages and liabilities of any kind arising out of my participation in the Ogden Marathon. I also give my permission to the Ogden Marathon and its assignees, to reproduce or use my image without cost of reimbursement, on video, photographic, or any other media for race products and/or promotional purposes.

Please Initial Here

I understand that the Ogden Marathon has a time limit of Six Hours (1:00 p.m. close) for all participants. Given this, I understand that if I have not reached mile 17 by 11:30 a.m., I will be asked to leave the course. The Ogden Marathon will provide transportation from my location to the finish line for my own safety and security.

Please Initial Here

Registrations are non-refundable and non-transferrable.

Please initial here

Signature of Athlete _____ Date _____ Signature of Parent if under 18 years _____ Date _____

RUNNER DIVISIONS

Age _____

12 & Under 45 - 49

13 - 18 50 - 54

19 - 24 55 - 59

25 - 29 60 - 64

30 - 34 65 - 69

35 - 39 70+

40 - 44

Clydesdale (200 lb+)

Under 40 Over 40

Athena (140 lb+)

Under 40 Over 40

Wheelchair Entrant (Marathon Only)

Yes *No handcranks permitted

Select your shirt Size

T-Shirt Size: (Technical Runner Shirt) (Unisex sizing)

S M L

XL XXL

Fees and Options

GOAL Donation Amount \$ _____

Project KidsK Donation \$ _____

Marathon \$ 75.00

Total Enclosed \$ _____

Grand Slam Utah - Prices Expire 01/31/2010 or upon race sell out.
Registration must be received prior to price increase date
and prior to race sell out.

Pricing reflects a \$5.00 discount for registered Grand Slam Participants.
 Prices Increase \$15.00 on January 31, 2010.
 Make checks payable to GOAL Foundation.