



MAIL-IN REGISTRATION FORM

\$10 processing fee

Please send completed form with check made payable to: Fund for Philadelphia Marathon
P.O. Box 58130, Philadelphia, PA 19102

REGISTER ONLINE NOW AT WWW.PHILADELPHIAMARATHON.COM • ONLINE REGISTRATION CLOSES 11/13/09**

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Age on race day: _____ Birthdate: _____ Gender: M F

Race: Marathon Half Marathon Rothman Institute 8K Wheelchair

Predicted Finish Time (select range): up to 3:10 3:11 – 3:20 3:21 – 3:30 3:31 – 3:40 3:41 – 3:50
 3:51 – 4:00 4:01 – 4:15 4:16 – 4:30 4:31 – 5:00 5:01 – 5:30

Previous best time for race entered: _____ **USATF Number:** _____

T-shirt size: Small Medium Large XLarge XXLLarge

(if no size indicated a medium will be assigned)

ENTRY FEES

April 1 – June 30	Marathon	Half Marathon	Rothman 8K	_____
July 1 – August 31	\$80	\$65	\$25	_____
Sept 1 – Nov 13	\$95	\$75	\$30	_____
	\$125	\$100	\$45	_____
			Mail in Processing Fee	\$10

Runner's Buffet: (NO REFUNDS)

Saturday, November 21st

	5:00 p.m. seating	6:30 p.m. seating	
Adult (13 & up) \$30ea	# _____ x \$30	# _____ x \$30	_____
Children (6-12) \$20ea	# _____ x \$20	# _____ x \$20	_____
Children (5 & under) Free	# _____ x Free	# _____ x Free	_____

TOTAL ENCLOSED (NO REFUNDS - U.S. DOLLARS ONLY) \$ _____

Postmark registration closes 11/6/2009 **OR WHEN REGISTRATION REACHES 18,000

NON-TRANSFERABLE WAIVER: READ AND SIGN.

In submitting my entry, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have now or here after arising against 2009 Philadelphia Marathon, Half Marathon, the Rothman Institute 8K, the City of Philadelphia, The Active Network, USATF, all sponsors, and their employees, officers, directors, principals, agents, representatives, successors, and assigns, including but not limited to any and all claims of damages, injuries, demands, actions, whatsoever, however they may occur, arising as a result of my participation in said Marathon, Half Marathon, or Rothman Institute 8K. I acknowledge that I am aware of the inherent risks in participating in an athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, my voice, and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever.

I understand that the entry fee is nonrefundable and numbers are nontransferable. SPECIAL RULES OF THE COURSE: In accordance with the rules and guidelines issued by USA Track and Field and Wheelchair Athletics USA, only runners and wheelchairs can be allowed on the course. The term "wheelchair" as used in this entry, shall mean "push-rim wheelchairs" only. In addition, guidelines for wheelchair participants state that all chairs must be equipped with brakes and wheelchair competitors must wear helmets. Guidelines exclude runners going backwards, animals, bicycles, baby strollers, baby joggers, headphones, roller skates, scooters and skateboards. No wheeled vehicles are allowed other than wheelchairs. It is our intent to furnish the safest possible race course. Those who participate in violation of these rules will be disqualified and removed from the course.

Signature: _____ Date: _____

Signature of parent
If under 18: _____ Date: _____