

**Saturday April 22, 2017**

Medford City Park

Medford, Wisconsin

Marathon, ½ Marathon,

Marathon Relay, 5K

USAT&F Certified!

Code: WI-03118-JW

**Event Choice**

**⬜ Marathon -** $50 Pre-registration ($55 Race Day Registration)

**⬜ Relay Marathon -** $35 Pre-registration ($40 Race Day Registration)

**⬜ Half Marathon -** $50 Pre-registration ($55 Race Day Registration)

**⬜ 5K Run/Walk -** $25 Pre-registration ($30 Race Day Registration)

***Registration will be held at St. Paul’s Church Friday from 4pm-7pm and Saturday starting at 6:30am until time of race at the Church.***

***Mail Registration form/Payment to:***

***MACC PO Box 172 Medford WI 54451 cash/check/credit card***

[medfordchamber1@gmail.com](mailto:medfordchamber1@gmail.com) *or 715-748-4729*

Name or Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⬜**Male **⬜**Female Age: \_\_\_\_\_\_\_\_

Shirt Sizes *(Marathon and 1/2 Marathon – sweatshirt, Marathon Relay/5K – long sleeved shirt)*

**⬜**S **⬜**M **⬜**L **⬜**XL

**8AM Start time for Marathon Events**

**8:30AM Start time for 5K**

No entry will be accepted without a signature. This contains a release and a waiver. Signing it precludes any claim for injury. I know that participating in the Pine Line Marathon, Half Marathon, Relay, 5K Run/Walk is a potentially hazardous activity. I understand that I should not participate in the event unless I am properly trained and am in good physical conditions. Knowing these facts, I am entering this event at my own risk and assume all risk and responsibilities for injuries I may incur or cause as a result of my participation in this event. In consideration of the acceptance of my entry, I for myself, and anyone entitled to act on my behalf, agree not to hold any and all participating sponsors, supporters, volunteers, directors, employees or agents of the Medford Area Chamber of Commerce or the Counties of Taylor or Price, on the City of Medford and the officers and employees of such entities, or any group or individual not identified herein, responsible for any claims. Furthermore, I release and waive the sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though the liability may arise out of negligence or carelessness on the part of the person named in this waiver. I verify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate in it and that I have read and understand this waiver and release before signing it.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_