

SPECIAL Military Discount--Active Duty Only! \$75 per entry

31st MARINE CORPS MARATHON APPLICATION FORM

OCTOBER 29, 2006 • ARLINGTON, VA

Entry deadline is May 16. All mailed entries must be postmarked by May 16.

First Name	M.I.	Last Name	
Street Address		City	
State	Zip Code	Country	Province (if applicable)
Telephone (Daytime)	Date of Birth (M/D/Y)	Age	Gender
			Weight
			<input type="checkbox"/> Wheelchair
			<input type="checkbox"/> Hand-crank
E-Mail Address		Chip Serial# (if you own your chip)	

Military Service only USMC USN USA USAF CG NG Foreign

Status Active Reserve Retired Former

Expected Finish Time	First Marine Corps Marathon?	First Marathon?
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Payment

Make check or money order payable to the "Marine Corps Marathon". There will be no entry refunds. All returned checks because of insufficient funds or stop payments will be subject to a \$32.75 returned check fee.

Send your payment and application to: Marine Corps Marathon, P.O. Box 188, Quantico, VA 22134

or pay with credit card Visa, MC, American Express, Discover.

Credit card number _____ Expiration Date _____

Signature _____

Phone: 703-784-2226 • Fax: 703-784-2265, E-Mail: marine.marathon@usmc.mil • Website: marinemarathon.com

Liability and Publicity Release

For considering my entry's acceptance in the Marine Corps Marathon, 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, which I may have against the US Marine Corps, US Government, National Park Service, volunteer medical support, all participating supports and those entities' representatives, successors and assignees, from my participation in the event, including any and all injuries suffered by me because of my participation in this event. I verify 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 of primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and the finish line. I hereby grant permission to the Marine Corps 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 race results, my likeness, name and completion time for any lawful purpose related to the race and post-race publicity. I understand that runner data may be used to offer a limited number of race enhancements.

Participant Signature _____ Date _____

Parent Signature if under 18 _____ Date _____

The Marine Corps Marathon is open to all people who are physically fit. However, running a marathon is not recommended for people below the age of 14. It is also recommended anyone over the age of 35 and/or with a family history of heart disease consult with their physician before undertaking the marathon. The Race Director reserves the right to reject any entry. For Privacy Act information, visit the MCM website.



Proof of service (photocopied military ID) must accompany all applications.

ALL ENTRIES ARE NON-REFUNDABLE