The Windermere 5-K Race
2:00 p.m.- May 15, 2010
A Windermere Marathon Weekend Event

Windermere MARATHON SPOKANE

benefiting Ronald McDonald House Charities Spokane

9017 N. COUNTRY HOMES BLVD.
SPOKANE WA 99218

First Name _____ M.I. _____ Last Name _____

Address _____ ____ / _____ / _____ Date of Birth:

Address (Line 2) _____ Coupon Code: _____

City _____ State/Prov _____ Postal Code _____ Country _____ Phone _____

Email address (we only use to send you updates and confirmations) _____ 2nd Phone _____

T - Shirt Size (Long Sleeve):
Circle one

S M L XL XXL

Gender:
Male _____ Female _____

Postmarked on or before:	5/12/10	At Expo	
5-K Race	$25	$30	
Pre-Race Buffet	$10	$10	
Post-Race Party	Free!	Free!	
	Total Enclosed		

Waiver and release:
I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to falls, contact with other participants, effects of the weather, including high heat and/or humidity, the conditions of the roads/trails and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Windermere Marathon, llc., the City and County of Spokane, the City of Post Falls, the City of Spokane Valley, Washington State Parks Department, Road Runners Club of America, all sponsors and contributors, volunteers and their representatives from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I also understand that my entry fee is nonrefundable. A parent or guardian must sign if entrant is under 18 years of age and parent or guardian, by so signing, certify that entrant has permission to complete this event and is in good physical condition. I authorize medical treatment deemed necessary by race officials for myself or my child. I understand that baby joggers or strollers and pets of any kind are not allowed in the race. I understand that the use of headphones is discouraged because they may impede my awareness of surrounding dangers and instructions from race officials and volunteers.

Signature: _____ Date: _____

Signature of Parent/Guardian of minor entrant: _____ Date: _____