

Bismarck Marathon
7:30 a.m.
Saturday, Sept. 21, 2019



Entry Form

CHOOSE AN EVENT:

- Full Marathon
 Half Marathon
 Marathon Relay
(Complete relay registration on next page)
- 10K Run
 5K Run
 5K Walk

EMAIL: _____

FIRST NAME: _____ **LAST NAME:** _____

BIRTHDATE: ___/___/___ **AGE (race day):** ___ **GENDER:** Male/Female

ADDRESS: _____

CITY: _____ **STATE:** ___ **ZIP:** _____

PHONE#: (____) _____ **SHIRT SIZE:** S M L XL

Registration Fees (by mail)

- **5K walk/run**
\$35 ... thru April 30
\$40 ... thru June 30
\$45 ... thru August 31
\$50 ... thru Sept 11
- **10K run**
\$50 ... thru March 31
\$55 ... April 1-30
\$60 ... May 1-31
\$65 ... June 1-30
\$70 ... July 1-31
\$75 ... August 1-31
\$80 ... September 11
- **Half/Full marathon**
\$70 ... thru March 31
\$75 ... April 1-30
\$80 ... May 1-31
\$85 ... June 1-30
\$90 ... July 1-31
\$95 ... August 1-31
\$100 ... September 11
- **Marathon relay**
\$205 ... thru March 31
\$215 ... April 1-30
\$225 ... May 1-31
\$235 ... June 1-30
\$245 ... July 1-31
\$255 ... August 1-31
\$265 ... September 11

Make checks payable to:
Bismarck Marathon

Return completed Entry Form and fee to:
Bismarck Marathon
PO Box 7023
Bismarck, ND 58507-7023

Must be postmarked by September 11, 2019.

I am entering this event at my own risk and assume all responsibility for injuries I may incur as a direct or indirect result of my participation. I hereby, or myself, my heirs, executors and administrators, waive the release of any and all rights and claims for damages or injuries I may have against the Bismarck Marathon and its affiliates, their agents, representatives, directors, successors, and assignees. I attest that I am in adequate health for this event and understand that I may be removed from the race if my health is endangered or I do not follow the rules of the event. I also give permission for the free use of my name and or picture in a photograph, broadcast or other account of this event.

Signature: (Parent/Guardian if under 18)

___/___/___
Date

