



# MISSISSAUGA MARATHON REGISTRATION FORM

## SATURDAY, MAY 5<sup>TH</sup> & SUNDAY, MAY 6<sup>TH</sup> 2012

REGISTRATION CLOSES WEDNESDAY, MAY 2<sup>ND</sup> AT 5:00 PM

REGISTER BEFORE MONDAY, APRIL 23<sup>RD</sup> TO HAVE YOUR FIRST NAME PRINTED ON YOUR BIB

SELECT YOUR EVENT:

SUNDAY, MAY 6<sup>TH</sup>:

SATURDAY, MAY 5<sup>TH</sup>:

- Starbucks Coffee Hazel 5K  
 Valeant Pharmaceuticals 10K Run  
 Valeant Pharmaceuticals 10K Walk  
 Marathon  
 Half Marathon Run  
 Half Marathon Walk  
 2K Fun Run/Walk ( ) Participating in MaraFun (Write School Name Above)

	by Oct. 28	HST	by Jan. 27	HST	by Mar. 30	HST	by May 2	HST	At Expo	HST
Marathon	70	9.10	75	9.75	85	11.05	95	12.35	95	12.35
Half Marathon Run/Walk	50	6.50	55	7.15	65	8.45	80	10.40	80	10.40
Valeant Pharmaceuticals 10K Run/Walk	30	3.90	35	4.55	40	5.20	50	6.50	50	6.50
Starbucks Coffee Hazel 5K	30	3.90	35	4.55	40	5.20	50	6.50	50	6.50
2K Fun Run/Walk	20	2.60	25	3.25	25	3.25	30	3.90	30	3.90
Pasta Dinner (Sat. May 5 <sup>th</sup> , 6:00 PM)	25	0	25	0	25	0	25	0	25	0

ENTRY FEE = \$ \_\_\_\_\_ HST (13%) = \$ \_\_\_\_\_  
 PASTA DINNER \$25.00 X \_\_\_\_\_ (No. of tickets) Pasta Dinner TOTAL = \$ \_\_\_\_\_  
 iTaB (\$10.00) = \$ \_\_\_\_\_  
 TOTAL FEES = \$ \_\_\_\_\_

**CHEQUES PAYABLE TO: Mississauga Marathon**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/SUITE \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME TEL \_\_\_\_\_ OFF TEL \_\_\_\_\_ EMAIL \_\_\_\_\_

D.O.B. (DD/MM/YY) \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_ Male  Female

HEALTH CONDITIONS /ALLERGIES \_\_\_\_\_

PREDICTED FINISH TIME \_\_\_\_\_ PREVIOUS BEST \_\_\_\_\_ CHAMPIONCHIP# \_\_\_\_\_

Would you like to personalize your medal with your name, finish time and place using the iTaB feature for \$10.00? <b>If you select yes, please add an additional \$10.00 to your registration fee.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like to receive a COMPLIMENTARY 1 year subscription to iRun Magazine? Open to Canadian residents ONLY.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Waiver, Release & Indemnification**

In consideration of the acceptance of my application and the permission to participate as a volunteer or competitor in the Mississauga Marathon, and any or all of the following events: the Marathon, Petrillo Law Corporate/Team Relay, the Half Marathon, the Valeant Pharmaceuticals 10K, the 10K Student Relay, Starbucks Coffee Hazel 5K, the 2K, Post Race Activities on Saturday, May 5<sup>th</sup> and Sunday, May 6<sup>th</sup>, 2012 and any other 2012 Mississauga Marathon activities that take place prior to or after the event. I, for myself my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE The City of Mississauga, the Peel Regional Police, the Chief of Police, the Mississauga Transit Commission, the Ministry of Transportation of Ontario, all sponsors and contributors, Landmark Sport Group Inc. and its employees and volunteers, the Mississauga Marathon Organizing Committee, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor, volunteer or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connected with, my participation in the said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to assist/participate in this event.

Print Name \_\_\_\_\_ Signature or Parent/Legal Guardian Signature (under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

MISSISSAUGA MARATHON, LANDMARK SPORT GROUP, 1 CITY CENTRE DRIVE, SUITE 605, MISSISSAUGA, ON, L5B 1M2  
 PHONE: 905-949-2931 FAX: 905-949-4984 EMAIL: [info@mississaugamarathon.com](mailto:info@mississaugamarathon.com) Website: [www.mississaugamarathon.com](http://www.mississaugamarathon.com)

### ALL ENTRIES ARE NON-REFUNDABLE & NON-TRANSFERABLE

All cheques **MUST BE RECEIVED** by the price increase date to pay that specific price.