2010 DUKE CITY MARATHON REGISTRATION

REMOVE THIS FORM FROM BOOKLET AND MAIL OR FAX **OK TO PHOTOCOPY**

Event Date: October 17, 2010 **Each Participant Must Complete (One per entry)**
MAIL this form to: P.O. Box 6689, Albuquerque, NM 87197
FAX this form to: (505) 880-8827

Last Name
First Name
Address
City State Zip
Phone (Day) Email
Age (On 10/17/10) Male Female **T-Shirt Size:** XS S M L XL XXL

EVENT:

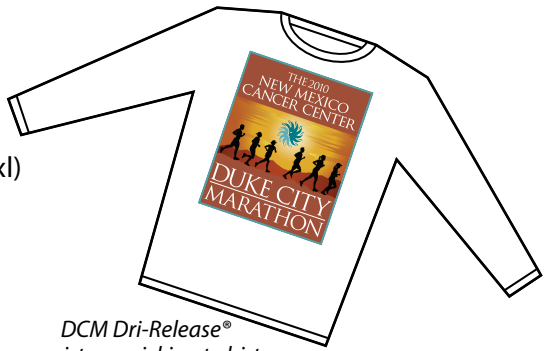
- ☐ Marathon $60 (2010 NM State Championship)
- ☐ Half Marathon Run $45 (2010 NM State Championship)
- ☐ Half Marathon Walk $45
- ☐ 5k Run $25
- ☐ 5k Walk $25
- ☐ NM Cancer Center Miracle Mile (Run/Walk) $20
- ☐ Marathon Relay $175
  (all 5 entries must be submitted together with one form of payment)
  Team Name _____

  Men's ____ Women's____ Coed ____
  (Coed teams must have at least 2 team members of the opposite sex)

Please select one of the following divisions (if applicable):
☐ Military ☐ Law Enforcement ☐ Pueblo
(If one category is not checked, your team will be in the overall men's, women's or Coed division.)

REGISTRATION FEES:

Fee for selected event: $_____
Add $15.00 for packet mailing *(Deadline September 17)*: $_____ (Packets will be mailed on 10/8)
Add $4.00 for XXL Race Shirt: $_____
Subtract $2.00 if over 65 years of age: $_____
Donation to NM Cancer Center Foundation: $_____
__ $5 __ $10 __ $25 __ Other
Additional DCM Dri-Release® Race T-shirt, $25 each: $_____ (xs, s, l, xl, xxl)
GRAND TOTAL **$**_____



DCM Dri-Release®
moisture-wicking t-shirt
for every participant

PAYMENT METHOD:

_____ Payment by check
_____ Payment by money order or cash
_____ Payment by credit card: ___ Visa ___ MasterCard ___ Discover ___ American Express
Card Number: _____ Exp. Date: _____
Signature: _____ CSC Code: _____

ALL RUNNERS, WALKERS, & WHEELERS MUST READ AND SIGN THIS WAIVER:

I know that running/walking/wheeling a road race is a potentially hazardous activity. I should not enter and run/walk/wheel 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/walk/wheel. I assume all risks associated with running/walking/wheeling this event including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Duke City Marathon, the City of Albuquerque, Promotion Dynamics International, and all sponsors, their representatives and successors 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 on this waiver. I grant permission to all the foregoing to use any photographs, motion picture recordings, or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____ **www.DukeCityMarathon.com**