

why we are here

26.2 WITH DONNA, THE NATIONAL MARATHON TO FIGHT BREAST CANCER

As the only national marathon dedicated solely to raising money to fight breast cancer, 100 percent of the proceeds are donated directly to breast cancer research and care. The 26.2 with Donna The National Marathon to Fight Breast Cancer has pledged a majority of the proceeds to the Mayo Clinic to benefit life-saving breast cancer research and clinical trials to help eradicate breast cancer. The remainder of the proceeds will go to The Donna Foundation, a non profit organization, that funds the critical needs of under-served women with breast cancer. The assistance may come in the form of financial help in buying medications, food, paying utilities and supporting other needs.

The first two years were a huge success, with more than 12,000 runners and over \$1 million raised. Thanks to all the runners and those who chose to raise funds to **FINISH BREAST CANCER!**

EVENT ACTIVITIES

There will be energizing and motivating activities all weekend, including the 26.2 with Donna Health and Fitness Expo presented by Winn Dixie, music and the all important pasta party!

26.2 WITH DONNA HEALTH AND FITNESS EXPO presented by Winn Dixie

Your race experience starts at the 26.2 with Donna Health and Fitness Expo presented by Winn Dixie. Pick up your race number, timing chip, t-shirt and goodie bag while checking out a variety of exhibits along with free samples, interactive displays and running apparel. While at the expo, stop by the Pink Room for a variety of auctioned items. Proceeds from the auction will benefit The Donna Foundation and the fight against breast cancer. We are also excited to offer a series of clinics from experts in the fields of health, nutrition, and running.

POST RACE CELEBRATION

After the race, stop by the Post Race Celebration. All runners will receive complimentary food and drinks. Live entertainment will be provided.

ACCOMMODATIONS AND TRANSPORTATION

The Omni Jacksonville Hotel and One Ocean are the official host hotels of the 3rd Annual 26.2 with Donna. Parking is limited at Mayo Clinic but shuttle service will be provided to the start/finish line at various locations. Please visit our website at www.breastcancermarathon.com for a complete list of hotels and shuttle hubs.

Parking Lot Shuttles:

- King Street Parking Garage, 1001 Kings Ave.
- University of North Florida, 4567 St. Johns Bluff Rd.

Downtown Shuttles:

- Omni Jacksonville Hotel, 245 Water St.
- Wyndham Jacksonville Riverwalk, 1515 Prudential Dr.

Southpoint Shuttles:

- Best Western JTB/Southpoint, 4660 Salisbury Rd.
- Radisson Jacksonville Butler Blvd., 4600 Salisbury Rd.
- Wingate Inn Southpoint, 4681 Lenoir Ave. S.

Beaches Shuttles:

- One Ocean, One Ocean Blvd.
- Hampton Inn Ponte Vedra Beach, 1220 Marsh Landing Pkwy.
- Quality Suites Oceanfront, 11 First St. North
- Comfort Inn Oceanfront, 1515 First St. North
- Days Inn Neptune Beach, 1401 Atlantic Blvd.

SCHEDULE OF EVENTS

Friday, February 19, 2010

26.2 with Donna Health and Fitness Expo presented by Winn Dixie
Open 11 a.m. – 8 p.m.

*Prime Osborn Convention Center
1000 Water Street
Jacksonville, FL*

- Race Packet Pick Up
- Various lectures throughout the day
- Pink Room Silent Auction
- Interactive Displays and running apparel

Saturday, February 20, 2010

26.2 with Donna Health and Fitness Expo presented by Winn Dixie
Open 9 a.m. – 6 p.m.

Prime Osborn Convention Center

26.2 with Donna Pasta Party
Open 6 p.m. – 8 p.m.

Sunday, February 21, 2010

Marathon begins at 7:30 a.m.
Half-marathon begins at 7:30 a.m.
Relay begins at 7:30 a.m.

*Mayo Clinic Campus
4500 San Pablo Road
Jacksonville, Florida*

- Runners Village opens at 4 a.m.
- Transportation Service available from parking lots and participating hotels.

Check www.breastcancermarathon.com for more information.

Post Race Celebration

Mayo Clinic Campus

- Food and Beverages
- Entertainment
- Awards
- Family Reunite Area

For more information on any of these events, please e-mail info@breastcancermarathon.com or call 904-355-PINK (7465)



2010 ENTRY FORM

FEBRUARY 21, 2010

JACKSONVILLE BEACH, FL

Official Use Only

Complete Entire Form. Please print neatly using capital letters. One entry per form. Make check or money order payable to: 26.2 with Donna. Mail to: 2107 Mango Place, Jacksonville, Florida 32207 Fax to: (904) 398-9940 Register online at www.breastcancermarathon.com

Name (first) _____ (last) _____

Address _____ Apt#/Suite _____ County _____

City _____ State _____ Zip Code _____

Country _____ Phone (Day) _____ Phone (Evening) _____

E-mail Address _____

M F Age on Race Day _____ Birth Day _____ Estimated Finishing Time _____

*Minimum age is 13 MM/DD/YY Hr. Min. Sec.

WAIVER: (MUST BE SIGNED)

ALL PARTICIPANTS IN THE 26.2 WITH DONNA THE NATIONAL MARATHON TO FIGHT BREAST CANCER MARATHON, HALF-MARATHON, RELAY AND RELATED EVENTS ("Marathon") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK FOR PARTICIPATION IN THE RUN BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete ("Athlete") on behalf of himself/herself and behalf of Athlete's personal representatives, assigns, heirs, executors and successors hereby fully and forever releases, waivers, discharges and covenants not to sue the 26.2 with Donna National Marathon to Fight Breast Cancer Inc., City of Jacksonville, The Donna Foundation, Inc., Mayo Clinic, Jeff Galloway, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Marathon, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the releases or otherwise, in connection with the Athlete's participation in the Marathon. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Marathon. Athlete is fully aware of the risks and hazards inherent in participation in the Marathon and hereby elects to voluntarily participate knowing the risks associated with the Marathon. Athlete hereby assumes all risks of loss (es), damage(s), or injury (ies) that may be sustained by him/her while participating in the Marathon. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferrable. Athlete acknowledges and agrees that the 26.2 with Donna The National Marathon to Fight Breast Cancer, Inc. or The Donna Foundation, Inc. in their sole discretion may delay or cancel the Marathon if it believes the conditions on the race day are unsafe. In the event the Marathon is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable causality, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of the 26.2 with Donna National Marathon to Fight Breast Cancer, Inc. or The Donna Foundation, Inc. there shall be no refund of the entry fee or any other costs of the Athlete in connection with the Marathon. The Athlete hereby grants the medical director of the Marathon, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical care and advice of Marathon medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment for the Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Marathon, including but not limited to, ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Marathon. ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

Signature of athlete _____ Date _____ (Signature of parent if under 18 years) _____ Date _____

IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN AND RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Marathon. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Marathon. I hereby authorize medical treatment or him/her and grant access to my child's medical records as necessary and as stated above.

EMERGENCY CONTACT NAME: _____
 EMERGENCY CONTACT PHONE: _____
 Where did you hear about the Marathon/Half Marathon/Relay? _____

Relay Registration:

*Relay Participants- **ALL FIVE** entry forms for each team must be sent in together with **ONE** payment for the entire team. Please designate a team captain to receive correspondence.

Entry by 10/31/09 \$250.00 _____
 Entry 11/01/09-2/20/10 \$300.00 _____

Relay Team Name: _____
 Relay Team Captain: _____
 Relay Member 2: _____
 Relay Member 3: _____
 Relay Member 4: _____
 Relay Member 5: _____

FEES:

Includes one free entrant's T-shirt. No tax or shipping charge on entry fee. **Entry Fees are non-refundable and non-transferable.**

T-Shirt Size (circle one): XS S (Women's Fit Only)
 M L XL XXL (Unisex Sizes)

Marathon Registration Fees:

Entry by 06/30/09 \$75.00 _____
 Entry 07/01/09-10/31/09 \$95.00 _____
 Entry 11/01/09-2/20/10 \$125.00 _____

Half-Marathon:

Entry by 06/30/09 \$55.00 _____
 Entry 07/01/09-10/31/09 \$75.00 _____
 Entry 11/01/09-2/20/10 \$95.00 _____

Pasta Party:

\$20.00 _____

Total Enclosed \$ _____

MC Amex Visa Discover

Credit card #: (please do not leave space between numbers)

exp. date (month/year)

sec. code

Signature: _____

Please visit www.breastcancermarathon.com for more information on the relay.