



2011 ENTRY FORM

FEBRUARY 13, 2011

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) 551-0746 Register online at www.breastcancermarathon.com

Name (first) (last)

Address Apt#/Suite County

City State Zip Code

Country Phone (Home) Phone (Cell)

E-mail Address

M F Age on Race Day Birthdate Est. Finishing Time Team Name

*Minimum age is 13

MM/DD/YY Hr. Min. Sec. Y N Are you a Breast Cancer Survivor? Y N Are you a member of a Galloway Training program?

WAIVER: (MUST BE SIGNED)

ALL PARTICIPANTS IN THE 26.2 WITH DONNA THE NATIONAL MARATHON TO FINISH BREAST CANCER MARATHON, HALF-MARATHON, RELAY, FUN RUN AND RELATED EVENTS ("Marathon") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK FOR PARTICIPATION IN THE RUN BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY 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, waives, discharges and covenants not to sue the 26.2 with Donna The National Marathon to Finish 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 agrees to indemnify and hold harmless each of the Releasees from and against any and all damages, costs or claims, including reasonable attorneys' fees, made by any third party due to or arising from or relating to the participation of Athlete in the Marathon or the violation of this Agreement. 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 understands that participants in the Marathon are subject to drug testing as described in the Terms and Conditions (available on request or at www.breastcancermarathon.com). 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-transferable. Athlete acknowledges and agrees that the 26.2 with Donna The National Marathon to Finish 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, insurrecting 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 The National Marathon to Finish 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 AFTER CAREFUL CONSIDERATION, INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.**

IF ATHLETE IS UNDER AGE 18 OR AN INCAPACITATED ADULT 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.

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

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

5K and Family Fun Run Shirt Sizes: (circle one)

Children's Fit Only S M L
Unisex Adult S M L XL XXL XXXL

Family Fun Run Registration Fee:

Children and Adults \$15.00 \$ _____

5K with Donna Registration Fees:

Entry 07/01/10-10/31/10 \$20.00 \$ _____
Entry 11/01/10- 02/12/11 \$25.00 \$ _____

Pasta Party Tickets \$20.00 \$ _____

Children under 12 eat free!

Registration:

Includes one free Entrant's t-shirt. No tax or shipping charge on entry fee. *Entry fees are non-refundable and non-transferable.*
Marathon and Half Marathon Shirt Sizes: (circle one)

Women's Fit XS S M L XL XXL
Unisex M L XL XXL XXXL

Marathon Registration Fees:

Entry 07/01/10-10/31/10 \$95.00 \$ _____
Entry 11/01/10- 02/12/11 \$125.00 \$ _____

Half Marathon Registration Fees:

Entry 07/01/10-10/31/10 \$75.00 \$ _____
Entry 11/01/10- 02/12/11 \$95.00 \$ _____

Total Enclosed \$ _____

MC Amex Visa Discover

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

exp. date (month/ year)

sec. code

Signature: _____