

PRESENTED BY



**Saturday, February 11, 2012**

PRIME OSBORN CONVENTION CENTER | DOWNTOWN JACKSONVILLE, FL

The 26.2 with Donna 5K & Family Fun Run returns in 2012 to be held in conjunction with the 5th Year 26.2 with Donna Celebration. Runners experience the best Downtown Jacksonville has to offer with a great warm-up race along the St. John's River. The 5K will be a timed event. The Family Fun Run will be a family friendly 1 mile run or walk. The course starts and finishes at the Prime Osborn Convention Center, home of the 26.2 with Donna Health & Fitness Expo presented by Eisai.

### Registration Information

#### ENTRY FEES

\$25 11/1/11 until 2/10/12

\$30 5K entry day of race

\$15 1 Mile Fun Run entry

Registration includes a commemorative technical t- shirt and souvenir race bib. Online registration closes Wednesday, February 8, 2012 at 11:59 p.m. EST. Registration will be available at the Health & Fitness Expo and race morning starting at 7:00 a.m.

### Packet Pickup:

Packet pickup will be available on Friday, February 10 at the Health & Fitness Expo. Packet pickup will also be held in the grand lobby of the Prime Osborn Convention Center starting at 7:00 a.m. race morning.

### Race Timing:

The 26.2 with Donna 5K will be timed using the ChampionChip (chip must be worn on your shoe during the race.) Chips will be distributed race morning in the grand lobby of the Prime Osborn Convention Center. Your entry fee covers the cost of the chip rental.

### 26.2 with Donna 5K Awards:

Awards will be presented to the top three men and women overall, first master's male and female overall, and the top three in each of the following male and female age groups: 10 & under, 11-13, 14-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74 and 75 and over.

### About The Course

The 5K and Family Fun Run will start and finish at the Prime Osborn Convention Center. 5K Runners will experience the best Downtown Jacksonville has to offer as they run the 3.1 course up Riverside Avenue to the Jacksonville Arts Market, along the Northbank River Walk to Hogan Street, and a final stretch on Water Street to the Finish line. Family Fun Run participants will follow an out and back course on Water Street, and kids receive a super cool finisher's medal at the finish line.

### Directions to the Start/Finish

From North (Jacksonville International Airport): proceed south on I-95 to Exit 353A (Myrtle/Church/Forsyth), to Forsyth Street. Proceed east to Lee Street. Turn right (south) on Lee Street, then right (west) on Bay Street to the Convention Center Main Parking Lot.

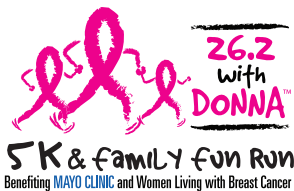


100% To BREAST CANCER  
RESEARCH AND CARE.

We are turning 5! Give \$5 today to  
help us celebrate the milestone.

For more information, please e-mail  
[info@breastcancermarathon.com](mailto:info@breastcancermarathon.com)  
or call 904-355-PINK (7465).

**breastcancermarathon.com**



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# 2012 Entry Form

Saturday, February 11, 2012

Prime Osborn Convention Center | Jacksonville, FL

Official Use Only

**Complete Entire Form Section** - Please print neatly using capital letters. One entry per form. Make check or money order payable to: 26.2 with Donna. Mail check to 2107 Mango Place, Jacksonville, Florida 32207. Fax credit card to: (904) 551-0746, or register online at [www.breastcancermarathon.com](http://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** \_\_\_\_\_ **Are you a Breast Cancer Survivor?** \_\_\_\_\_ **Are you a Member of a Galloway Training Program?** \_\_\_\_\_

\*Min. age 13      MM/DD/YY      Hr./Min./Sec.      Y   N      Y   N

**WAIVER: (MUST BE SIGNED)**  
 ALL PARTICIPANTS IN 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 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 an assigns, (collectively "Releases") 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](http://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-transferrable. 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 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 physions) 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 ANF 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 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 this Event? \_\_\_\_\_

## Registration: .....

Includes one free Entrant's t-shirt. No tax or shipping charge on entry fee.  
 Entry fees are non-refundable and non-transferable.

**Family Fun Run Registration Fee:**  
 Children and Adults..... \$15 \$ \_\_\_\_\_

**5K with Donna Registration Fee:**  
 (children and adults)  
 Entry until 2/10/12..... \$25 \$ \_\_\_\_\_  
 Race Day Entry ..... \$30 \$ \_\_\_\_\_

**Pasta Party Tickets:**  
 Children under 12 eat free!  
 Ticket Price (13 and up)..... \$20 \$ \_\_\_\_\_

**5K and Family Fun Run Shirt Sizes (circle one)**  
 Children's Fit Only      S      M      L  
 Unisex Adult      S      M      L      XL      XXL      XXXL

## Payment Method: .....

Cash or Check (Amount Enclosed).....\$ \_\_\_\_\_

MC     AMEX     VISA     DISCOVER

**Credit Card # (please do not leave space between numbers)**

\_\_\_\_\_

/  
 Exp. date (month/year) \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_