



REGISTRATION FORM

DIVISIONS (PLEASE CHECK ONE)

	Before 11/1	Before 12/1	Onsite
___ Marathon	\$100	\$105	\$120
___ Half Marathon	\$80	\$85	\$95
___ 5K (Friday 12/1)	\$35	\$40	\$45
___ Double - 5K and Half Marathon	\$100	\$110	\$120
___ Double - 5K and Marathon	\$120	\$130	\$140

Name: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Age on Race Day: _____ DOB: / /

Shirt size (Circle one): XS S M L XL XXL

Team name (if applicable): _____

Emergency Contact Name: _____ Phone: _____ Relationship: _____

Make checks payable to: The FITTEAM PALM BEACHES MARATHON
Mail check and this form to: The FITTEAM PALM BEACHES MARATHON, 401 N. Flagler Drive, West Palm Beach, FL 33401

Waiver: In consideration of my participation in The FITTEAM PALM BEACHES MARATHON and the Bill Bone 5K, I hereby for myself, my heirs, and my personal representatives assume any and all risks which might be associated with the event, and I further waive, release, discharge and covenant not to sue the sponsors, the organizers or other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever as a result in taking part in the events and related activities. I hereby grant full permission to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me.

I acknowledge that my entry fee is non-refundable, including if the race is cancelled, and my entry is non-transferrable.

Participant Signature: _____ Date: _____
(or parent if under 18)

OFFICE USE ONLY: Chip #:

Payment method: Cash Check CC