2012 Amica Marathon, Half Marathon and 5k

Mail-In Registration Form Saturday October 13, 2012 & Sunday October 14, 2012

Complete the form below and mail to registration staff along with you entry fee payment. Only one person per entry form and entry fees are non-refundable. Mail form to:
10 Dorrance St, Suite 650, Providence, RI 02903

Date of Birth: ☐☐/☐☐/☐☐☐☐ **Gender:** Female ☐ Male ☐

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State**: ☐☐ **ZIP/Postal code**: ☐☐☐☐☐

Contact Phone: (☐☐☐) ☐☐☐-☐☐☐☐

Emergency Contact Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Emergency Contact Phone: (☐☐☐) ☐☐☐-☐☐☐☐

Please check the race you are registering for:

☐ **Amica Marathon**
$75 before 12/1/11
$77 before 1/1/12
$85 before 5/1/12
$90 before 7/1/12
$100 before 9/1/12
$105 before 10/9/12

☐ **United Healthcare Half Marathon**
$43 before 12/1/11
$45 before 1/1/12
$55 before 5/1/12
$60 before 7/1/12
$65 before 9/1/12
$75 before 10/9/12

☐ **Amica 5k**
$23 before 12/1/11
$25 before 1/1/12
$28 before 5/1/12
$30 before 7/1/12
$32 before 9/1/12
$35 before 10/9/12

(NOTE: Checks should be payable to: ***Eident Sports Marketing***)

In consideration of my participation in the Amica Marathon on 10/13/12 and 10/14/12 (the “Event”), I, for myself, my heirs, executors, and administrators do hereby waive and release any and all rights, claims and causes of action I have or may have against the USATF, Amica Mutual Insurance Company its affiliates and subsidiaries, Eident Sports Marketing, the State of Rhode Island, the towns of Newport and Middletown, Rhode Island, their agents, employees, sponsors, volunteers, race officials, organizers, as well as any other association connected with this event, its representatives, successors and assigns (“Event Organizers”) that may arise as a result of my participation in the Event. I further agree to defend, indemnify and hold harmless Event Organizers from and against any and all personal injuries, damages, losses, causes of action, liabilities and expenses resulting or which may result from my participation in the Event on 10/13/12 and 10/14/12 and/or the condition of the raceway, property, facilities or equipment used for the Event. I also grant full permission to all Event Organizers to store, use, license and reproduce the use of my name, likeness, voice, image, motion pictures, recordings or photograph of me, in any media or in any manner, including any electronic media for any legitimate commercial or business purposes, including advertising purposes. In addition, I hereby acknowledge that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of a child under the age of 18 who I am registering for the Event. I recognize the risks involved in my participation in the Event and do hereby expressly assume all known and unknown risks. I am physically fit and have sufficiently trained for this Event.

Signature (Parent or Guardian must sign if entrant is under 18 years old) **Date**

COAST LINE AMBULANCE SERVICE

EIDENT SPORTS MARKETING