



USE THIS FORM TO REGISTER FOR:

**FULL MARATHON
HALF-MARATHON
TEAM RELAY
5K
KIDS FUN RUN**

MARCH 24, 2013

PLEASE PRINT LEGIBLY.

First Name Middle Initial Last Name Male Female

Address

City, State, Zip Country

Day Phone Evening Phone Date of Birth

E-mail Address Age on Race Day (3/24)

Emergency Contact (someone not participating in any of the races) Emergency Phone

Running for Charity Name of Official Charity Partner Expected Finish Time

Yes No

Relay Team Information

Relay Team Members
Submit all 4 team members' forms together

Name (with middle initial)

Name (with middle initial)

Name (with middle initial)

Team Name

Team Type Mixed Male Female **Corporate Cup** Yes No

Company Name _____
At least 2 teammates must be employed by the same company or members of the same organization.

Shirt Size: XXL XL L M S Race Premiums will be gender specific. See website for size chart.

TOTAL AMOUNT ENCLOSED \$..... **COUPON CODE**

Check-Payable to Oakland Marathon MC VISA AMEX

Card No..... Exp. Date.....

Card Holder Signature..... 3-Digit Security Code

--Waiver: I know that running is a potentially hazardous activity. I should not enter and run unless I am physically fit, medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify I am in good health, and I have trained to run the distance of the race of which I am entering. I assume all risks associated with running in this event, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in considering your accepting my entry into this running event, I, for myself and anyone entitled to act on my behalf waive and release Corrigan Sports Enterprises, the Burns Computing, their officials, directors, agents, volunteers, and employees, City of Oakland, Mayor and City Council, Department of Public Works, Recreation and Parks of Oakland, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, videos, or any other recording of this event for legitimate purpose. I understand that bicycles, skateboards, baby joggers, rollerskates or inline skates, animals and musical devices of any type are not allowed in this event and I will abide by this rule.

Signature: _____ Date: _____ (Parents signature required if participant is less than 18 years of age).

Select A Race

MARATHON

\$90 Before 11/1
 \$100 11/1-12/31
 \$110 1/1 or after*

HALF-MARATHON

\$70 Before 11/1
 \$80 11/1-12/31
 \$90 1/1 or after*

TEAM RELAY

Price per team
PLEASE SUBMIT ALL 4 FORMS TOGETHER

\$200 Before 11/1
 \$225 11/1-12/31
 \$250 1/1 or after*

5K

\$35 Before 1/1
 \$40 1/1 or after*

FUN RUN

\$15

Wheelchair Athletes

Crank
 Rim

Wheelchair Division
Offered Only in the
Full Marathon Distance

Past Participant

Check all that apply

'10 '11 '12
 FIRST TIME REGISTRANT

* Expo Registration Fee will increase price by \$25 or more. SIGN UP EARLY!

Registration Fee Deadlines

Credit card entries may be faxed to 410.605.9389.

Mailed or faxed registrations must be received by March 1, 2013.