

2015 NYC Half-Marathon APPLICATION

New York Road Runners, 9 East 89th Street, New York, NY 10128

Please print.

NYRR number

Application must be postmarked by November 15, 2010. For race information, visit www.nyrr.org.

Last name / Family name

First name / Given name

Middle initial

Age on race day

Day

Month

Year

Male

Female

Country of citizenship

Home address (no P.O. boxes or "in care of" addresses)

Daytime phone (with area code)

City

State or Region / Province

Zip code / Postal code

Country of residence

How many half-marathons have you completed?

E-mail address

You will receive e-mail updates about the half-marathon. Check here if you **do not** want to receive e-mails about other NYRR news and events.

Team name

Note: For awards purposes only.

Emergency contact name

Emergency contact phone

PAYMENT INFORMATION

Select **ONE** form of payment only: check or credit card. Enter credit card number below or send checks made payable to *New York Road Runners*. Checks must be drawn on a U.S. bank in U.S. currency only.

ENTRY FEE: U.S. residents: NYRR member fee OR non-member fee

All entry fees are nonrefundable. Your credit card will be charged upon acceptance.

PROCESSING FEE: US \$5. This fee is required for all applicants. This payment is nonrefundable and will be processed when we received your application.

Credit card number

Expiration date

Security code on back of card

Month

Year

MC Visa AmEx



Birth date

Month

Day

Year

Male

Female

Country of citizenship

Daytime phone (with area code)

To be considered for guaranteed entry based on a qualifying time standard (runners only), please provide your best time in a marathon or half-marathon run

Otherwise, for proper placement at the start, please provide your best time in a marathon or half-marathon since March 1

Best marathon or half-marathon time in past two years:

Marathon

Half-marathon

Hr.

Min.

Sec.

Hr.

Min.

Sec.

Race name for time specified above

Predicted time for this half-marathon or minute / mile pace

Hr.

Min.

Sec.

Year

DEMOGRAPHIC INFORMATION

Occupation

Company name

Education High school College Graduate school

Marital status Single Married or Partnered

Widowed Divorced

Annual household income Under \$50,000 \$100,001-\$150,000

\$50,000-\$100,000 Over \$150,000

FOR ATHLETES WITH DISABILITIES (AWD) ONLY

Check only one:



Ambulatory disabled OR

Push-rm wheelchair OR

Handcycle

OFFICE USE ONLY

NYRR

WAIVER

I know that participating in the NYC Half-Marathon and related events is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an Event official relative to my ability to safely complete the Event. I am voluntarily entering and assume all risks associated with participating in the Events, including, but not limited to, falls, spills, contact with vehicles, other participants, spectators or others, the effect of the weather, including heat and/or humidity, or cold, traffic and the conditions of the course or other areas of the Events, including congestion, all such risks being known and appreciated by me. Also, I grant to the Medical Director of the Events and his designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participation in the Events.

Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, do hereby waive and release New York Road Runners, Inc., Road Runners Club of America, USA Track & Field, the City of New York and its agencies and departments, USAF—Metropolitan, and all Sponsors of the Events, and each of their respective officers, directors, members, agents, employees and other representatives, from all present and future claims and liabilities of any kind, known or unknown, arising out of my participation in the Events, even though any such claim or liability may arise out of ordinary negligence or fault on the part of any of the foregoing persons or entities. In addition, I grant my permission to all of the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in the Events for any legitimate purpose without remuneration.

A parent or guardian must accompany an entrant aged 12-17 to number pickup and re-sign the waiver on-site.

Signature (or parent's signature if under 18) _____

Date _____