



Advocate Dreyer  
**Fox Valley MARATHON**

2012 Third Annual

HALF MARATHON & Fall Final 20



Sunday, Sept. 16, 2012, 7 a.m. St. Charles, IL

**REGISTRATION FORM - CHECKS ONLY, CREDIT CARDS ONLINE**

	1/23 - 2/15	2/16 - 4/15	4/16-Full
FULL MARATHON	\$85	\$95	\$105
MARATHON, WEATHER FLEX OPTION™	\$115	\$125	\$135
FALL FINAL20™	\$80	\$90	\$100
HALF MARATHON	\$75	\$85	\$95

EVENT	AMOUNT
Full Marathon	
Marathon, Weather Flex Option™	
Fall Final 20™	
Half Marathon	

Make checks payable and mail to:  
 Fox Valley Marathon  
 P.O. Box 3955  
 St. Charles, IL 60174  
 Note: Registration is subject to race availability.  
 Registration fee is based on postmark date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age on Race Day: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Note: Must be at least 18 years old on race day.

Gender (circle): Male Female

Shirt Size (circle): Small Medium Large X-Large XX-Large Shirts are tech and gender specific

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Is This Your First Marathon? (circle) Yes No Attempting to Boston Qualify at Fox Valley? Yes No

Expected Finish Time: \_\_\_\_\_hrs \_\_\_\_\_min

Charity: \_\_\_\_\_ (If running for a charity, please specify name)

Running Club Name (if affiliated) \_\_\_\_\_

# of Consecutive Fox Valley Marathon Races (any race) Officially Completed (including 2012) \_\_\_\_\_

**Release and waiver:**

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. I declare that I am medically able, properly trained, physically fit and capable of participating in a marathon, and that my medical care provider has approved my participation. I agree to independently consult my physician in the event of any injuries or medical questions arising from or related to my participation in the Fox Valley Marathon. I also acknowledge full and sole responsibility for my own medical expenses and that I am responsible for any and all medical expenses on my behalf. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge The Fox Valley Marathon, ShebBix Inc, The City Of St. Charles, The City Of Geneva, The City Of Batavia, The City Of North Aurora, The City Of Aurora, The State Of Illinois, The Fox Valley Park District, The Kane County Park District, The Batavia Park District, The St. Charles Park District, The Geneva Park District, Kane County Government Center, River Street Buildings, USATF, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the iReleasees), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferable. I acknowledge that the event organizers have the right to refuse any registration to any applicant. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

Signature \_\_\_\_\_ Date: \_\_\_\_\_