



2017 REGISTRATION FORM

	Marathon	Half-Marathon	Relay
January 1 - May 15, 2017	\$110.00	\$95.00	\$290.00
May 16 - August 15, 2017	\$120.00	\$105.00	\$315.00
August 16 - September 30, 2017	\$130.00	\$115.00	\$340.00
September 30 - October 18, 2017	\$140.00	\$125.00	\$355.00
At Expo (if not filled)	\$145.00	\$130.00	NA

Name: _____ Gender: Male Female

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ (format: xxx-xxx-xxxx)

Email: _____

Age on Race Day: _____ Date Of Birth: _____

Shirt Size: **WOMEN** XS Small Medium Large X-Large XXLarge
(circle) **MEN** Small Medium Large X-Large XXLarge XXXL

Is This Your First Marathon/Half?: Yes No

Expected Finish Time: _____ Hrs _____ Min _____ Sec

Hand Cycle or Wheel Chair YES NO (Start time 7:30 a.m.)

RACE: (CIRCLE)	MARATHON
	HALF MARATHON
	RELAY
Registration \$	
Total \$	

Make checks payable to:
Grand Rapids Marathon, LLC
PO Box 1041
Grand Rapids, MI 49501

ATTENTION: RELAY TEAMS
Only register your Team Captain with this form.
Other team members can register online by joining the team.

TEAM NAME _____

Charity: _____ (If you are running for a charity, please specify name.)

Tell us about yourself/your running: _____

How many nights will you spend in a hotel in Grand Rapids? 0 1 2

Disclaimer:

I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors, and any other participating agencies with respect to any personal loss, illness, bodily injury or death resulting from participating in these activities. I will inform the race organizers regarding any relevant medical condition. I agree to follow the rules which govern road racing. I acknowledge that this registration is non-refundable and non-transferable. I also grant permission for the use of my name and or likeness related to my participation in any event related to this event. I also grant the use of my voice and any and all recorded and or filmed/video/ photographed footage of me, and further waive all rights to any compensation, as a result of my name or likeness being used in any way. I, the undersigned, have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily.

Signature _____ Parent (if under 18) _____ Date _____

MAIL IN REGISTRATION WITH CHECKS ONLY, NO CREDIT CARDS