2010

Middle Tennessee Medical Center

Presents

Murfreesboro Half Marathon

Wheelchair Entry, Check Here: _____

ENTRY FORM

Please read carefully. One entry form per participant. Must be filled out completely; please print. Race limited to 2,250 athletes. Participant must be 14 years of age or older on or before 10/16/2010. All times Central Standard Time. For more information and rules, go to www.TheMiddleHalf.com.

First Name: |__|__|__|__|__|__|__|__|__|__|__|__| Last Name: __|__|__|__|__|__|__|__|__|__|__|__|

Address: _____ Sex: (circle one) M F

City: _____ St: _____ Zip: _____ Birthdate: Month _____ Date _____ Year _____

Phone:( )_____ Email*: _____

Personalization - Name (Printed above number on race bib) __|__|__|__|__|__|__|__|__|__|__|__|

*All race confirmations will be sent via email.

Shirt Size (circle one)	Mens Sizes	Womens Sizes	Shirts are
	S M L XL XXL	S M L XL	•Long-sleeve •Technical material for runners •Gender-specific

Fee:
_____ $50 May 1, 2010 - May 31, 2010
_____ $55 June 1, 2010 - July 31, 2010
_____ $65 Aug 1, 2010 - Oct 13, 2010
_____ Pre-Race Pasta Party ($12 each)
_____ Total Amount enclosed

Make checks payable to: Murfreesboro Half Marathon

Registration fees are non-refundable, non-transferable, and must be received by Sept 1, 2010 to be guaranteed a shirt. NO EXCEPTIONS. Registration Forms received after the limit of 2,250 runners has been met will be returned.
Race bib numbers, timing chips and shirts MUST be picked up during normal Packet Pickup days and hours. Unclaimed packets and shirts will not be mailed before or after the race.
PACKET PICKUP:
Thursday, Oct 14: Embassy Suites, Murfreesboro (11am - 7 pm)
Friday, Oct 15: Embassy Suites, Murfreesboro (11 am - 6 pm)
Saturday, Oct 16: MTSU Dean Hayes Track (5:30 am - 6:30 am)

Mail entry from and check to: Murfreesboro Half Marathon
Attn: Race Entry
PO. Box 11985
Murfreesboro, TN 37129

OR

Drop off at: Fleet Feet Sports
544 N Thompson Lane
Murfreesboro, TN
(615) 494-3141

WAIVER AND RELEASE

By signing below, I agree, warrant and covenant as follows:
I know that running a road race is potentially hazardous. I assume all risks associated with running this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and conditions of the road. I, individually, for and in consideration of receiving permission from the Murfreesboro Half Marathon organization and the City of Murfreesboro Parks and Recreation to enter and participate in the above mentioned racing event, do hereby release, waive and forever discharge the Murfreesboro Half Marathon organization and the City of Murfreesboro Parks and Recreation and any or all other sponsoring groups of this event, together with all of their officers, agents, officials and employees from any and all liability, claim, demands, actions or course of action whatsoever, arising out of or related to any injury, illness, loss or physical condition to participate.
I hereby grant any medical director of the event, and his/her agents, affiliates and designees, access to all medical records and physicians as needed and authorize medical treatment as needed. It is understood that the Athlete assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. I understand that if I am not at Mile 6 or beyond, 90 minutes after last person crosses the Starting line, I must move to the side of the road and continue the race as a pedestrian, as the course will close on a 15-minute pace.
I understand that strollers, bicycles, skates, skateboards, and pets are absolutely restricted from the course. I will be 14 years of age or older on October 16, 2010. I understand that my only way to receive an official time is by wearing an electronic timing device which will be provided by Best Times ChampionChip Tennessee, Inc. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, web site images, recordings or any other record of this event.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(if under 18 years of age on race day)

Middle Tennessee Medical Center - Presenting Sponsor

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