

EVENT		REGISTRATION DATE	EVENT FEE	ENTER AMOUNT
Full Marathon Run	<input type="checkbox"/>	12/01/19 - 4/30/20\$95		
Full Marathon Walk	<input type="checkbox"/>	5/01/20 - 10/15/20\$146		
		10/16/20 - 11/26/20\$156		\$

Half Marathon Run	<input type="checkbox"/>	12/01/19 - 4/30/20\$85		
Half Marathon Walk	<input type="checkbox"/>	5/01/20 - 10/15/20\$118		
		10/16/20 - 11/26/20\$126		\$

DISCOUNTS

Senior Discount:	\$
If you are 60 or older, take \$10 off your entry.	
Discount Code:	
Discount Code Amount:	\$
Senior Discount & Discount Code can NOT be used at the same time.	

OPTIONAL ADD-ONS

Post-Race Massage	\$18	\$
Post-Race Acupuncture	Free	Yes No

OPTIONAL APPAREL

Everyone will receive a participant shirt with their registration.
You may order specialty items below.

Finisher Items: Pre-Order's must be submitted by October 16, 2020. All finisher items must be picked up at the Health & Fitness EXPO before the race			
Style (circle one): Men's Women's			
Size (circle one): XS S M L XL			
Tank Top:	<input type="checkbox"/> Chocolate <input type="checkbox"/> Charcoal	\$20	\$
Short Sleeve:	<input type="checkbox"/> Chocolate <input type="checkbox"/> Charcoal	\$25	\$
Long Sleeve:	<input type="checkbox"/> Chocolate <input type="checkbox"/> Charcoal	\$45	\$
Hoodie:	<input type="checkbox"/> Chocolate <input type="checkbox"/> Charcoal	\$35	\$
Jacket:	<input type="checkbox"/> Chocolate <input type="checkbox"/> Charcoal	\$60	\$
Training Apparel: Training apparel will be shipped to the address listed on this form starting in spring.			
Style (circle one): Men's Women's			
Size (circle one): XS S M L XL			
Short Sleeve:	<input type="checkbox"/> Cream <input type="checkbox"/> Green	\$25	\$
Long Sleeve:	<input type="checkbox"/> Cream <input type="checkbox"/> Green	\$45	\$
Hoodie:	<input type="checkbox"/> Cream <input type="checkbox"/> Green	\$35	\$
TOTAL \$			

REGISTRATION INFORMATION



SEATTLE MARATHON

2020



PAYMENT INFORMATION

Please make payment in US currency
Make checks payable to: Seattle Marathon Association

PAYING WITH:

<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK, CHK#
<input type="checkbox"/> VISA	<input type="checkbox"/> MC

CREDIT CARD #:

EXP DATE: /

SECURITY CODE:

BILLING ZIP CODE:

CARDHOLDER SIGNATURE:

CARDHOLDER NAME (Print):

**no refunds
no medical comps**

You can also register online at:
seattlemarathon.org

OPTIONAL QUESTIONNAIRE

What is your projected finish time?

hrs min

Is this your first full/half marathon?

yes no

How many marathons have you completed?

half full

How many Seattle Marathons have you completed?

half full

Are you entering the wheelchair/handcrank division?

yes no

Are you actively serving in the military?

yes no

Are you running to raise money for charity?

yes no

If yes, which charity?

Tell us why you are running:

Would you like to join our mailing list?

yes no

We would like to send you emails with information about other races, updates, events, products and promotions. We won't sell/give away your information and you can unsubscribe at any time.

Amica

AUTO HOME LIFE

SEATTLE MARATHON

2020

RUNNING SEATTLE SINCE 1970



BE SURE TO FILL OUT BOTH SIDES

PRINT CLEARLY • ONE ENTRANT PER FORM • COPIES OK

RETURN COMPLETED FORM TO:

mail: PO BOX 31849, SEATTLE, WA 98103

email: INFO@SEATTLEMARATHON.ORG

participating running stores: see locations on website



UW Medicine



HEALTH &
FITNESS EXPO

WESTIN HOTEL SEATTLE

FRIDAY, NOVEMBER 27 2020 @ 11:00AM-8:00PM

SATURDAY, NOVEMBER 28 2020 @ 11:00AM-7:00PM

SEATTLE KIDS MARATHON

SATURDAY, NOVEMBER 28 2020

5TH & HARRISON • START @ 10:00AM

AMICA INSURANCE

SEATTLE FULL MARATHON

SUNDAY, NOVEMBER 29 2020

5TH & HARRISON • RUN & WALK START @ 7:00AM

AMICA INSURANCE

SEATTLE HALF MARATHON

SUNDAY, NOVEMBER 29 2020

5TH & REPUBLICAN • RUN & WALK START @ 7:00AM

OUR 2020 SPONSORS














PLEASE STAY TUNED ON SOCIAL MEDIA
OR SUBSCRIBE TO OUR NEWSLETTER
FOR UPDATES ON OUR 2020 EVENTS!

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SEATTLE MARATHON 2020



REQUIRED INFORMATION

Name: _____

Gender (REQUIRED FOR DIVISION PLACEMENT): _____ Birthdate (REQUIRED FOR DIVISION PLACEMENT): _____

Email: _____ Phone: _____

Shirt Size (FOR FREE PARTICIPANT SHIRT): ☐ XXS ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Address: _____

City: _____ State: _____ Zip: _____

Race Day Emergency Contact Name (REQUIRED): _____

Race Day Emergency Contact Phone (REQUIRED): _____

WAIVER: I KNOW THAT RUNNING A ROAD RACE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND RUN UNLESS I AM 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 ASSUME ALL RISKS ASSOCIATED WITH RUNNING THIS EVENT. INCLUDING, BUT NOT LIMITED TO TRIPPING AND FALLING, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, TRAFFIC AND THE CONDITIONS OF THE ROAD, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF ACCEPTANCE OF MY ENTRY, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE AMICA MUTUAL INSURANCE COMPANY, ITS SUBSIDIARIES AND AFFILIATES, THE UNIVERSITY OF WASHINGTON, UNIVERSITY OF WASHINGTON MEDICAL CENTER, THE STATE OF WASHINGTON, WASHINGTON STATE DEPT. OF TRANSPORTATION, SEATTLE CENTER, SEATTLE PUBLIC SCHOOLS, THE CITY OF SEATTLE, ROAD RUNNERS CLUB OF AMERICA, SEATTLE CITY PARKS, THE SEATTLE MARATHON ASSOCIATION, ALL SPONSORS, CONTRACTORS AND VOLUNTEERS, 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 NAMED IN THIS WAIVER. I GRANT PERMISSION TO ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE AND I UNDERSTAND THAT MY NAME WILL BE POSTED ON THE SEATTLE MARATHON ASSOCIATION AND ENMOTIVE WEBSITES AS A PARTICIPANT OF THE 2020 EVENT. I ALSO UNDERSTAND THAT MY ENTRY FEE IS NON-REFUNDABLE.

A PARENT OR GUARDIAN MUST SIGN IF ENTRANT IS UNDER 18 YEARS OF AGE. THIS IS TO CERTIFY THAT MY CHILD HAS PERMISSION TO COMPETE IN THE EVENT. IS IN GOOD PHYSICAL CONDITION AND THE EVENT OFFICIALS MAY AUTHORIZE NECESSARY MEDICAL TREATMENT. I UNDERSTAND THAT THIS EVENT IS RRCA SANCTIONED AND THAT BICYCLES, SKATEBOARDS, BABY STROLLERS, ROLLER-SKATES OR BLADES, ANIMALS AND HEADSETS ARE NOT ALLOWED IN THE RACE AND I WILL ABIDE BY THIS GUIDELINE.

I have read and understand the waiver above

Parent or Guardian Signature (if participant is under 18): _____

Signature: _____

Parent or Guardian Name (PLEASE PRINT): _____

BE SURE TO FILL OUT BOTH SIDES
PRINT CLEARLY • ONE ENTRANT PER FORM • COPIES OK

RETURN COMPLETED FORM TO:
mail: PO BOX 31849, SEATTLE, WA 98103
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participating running stores: see locations on website