

50

Amica
 AUTO HOME LIFE

SEATTLE⁵MARATHON

 THE 50TH ANNIVERSARY RACE
 DECEMBER 1 2019 @ SEATTLE CENTER

PRINT CLEARLY - ONE ENTRANT PER FORM / COPIES OK / NO RACE DAY REGISTRATION OR BIB PICK UP

 RETURN COMPLETED FORM TO:
 mail: PO BOX 31849, SEATTLE, WA 98103 / email: INFO@SEATTLEMARATHON.ORG
 or return to participating running stores: see locations on website

FIRST NAME											LAST NAME											FEMALE	<input type="checkbox"/>	MALE	<input type="checkbox"/>	AGE AND BIRTHDATE ARE REQUIRED FOR ACCURATE RESULTS POSTING	
MAILING ADDRESS																					BIRTHDATE MM/DD/YY			AGE ON DEC 01, 2019			
CITY											STATE			ZIP / POSTAL CODE					MAIN PHONE NUMBER								
EMAIL																					EMERGENCY CONTACT NUMBER						
IS THIS YOUR FIRST RACE?	Y	N	NUMBER OF EVENTS COMPLETED			AMICA CUSTOMER	Y	N	HANDCRANK	Y	N	WHEELCHAIR	Y	N	ACTIVE MILITARY	Y	N	UNISEX PARTICIPANT SHIRT SIZE (RUNS LARGE)			SIZES AVAILABLE XXS - XXL						

 Are you a Registered Organ Donor? ☐ Yes! ☐ No. ☐ I would like more information about becoming an Organ Donor

R U N F O R A R E A S O N :

 If you would like to make your run count for more, visit www.seattlemarathon.org where you can donate directly to our Charity Partners.

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, Fremont Dock Company, Stephen C. Grey & Associates, LLC, Quadrant Lake Union Center Owner's Association, Kilroy Realty Corporation, Seventeen Meters, LLC, Limpopo Properties, LLC, Washington Capital Management, 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 Athlinks/Chronotrack websites as a participant of the 2019 event. I also understand that my entry fee is non-refundable. A parent 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.

Signature _____ Date ____/____/____

Parent's Signature (If under 18, signature of Parent/Guardian is required) _____

REGISTRATION FEES (US Funds Only)

Event

	REGULAR 5/01/19- 10/15/19	LATE 10/16/19- 11/21/19	EXPO 11/29/19- 11/30/19
Amica Insurance Seattle Half Marathon Run	\$115	\$125	\$160
Amica Insurance Seattle Half Marathon Walk	\$115	\$125	\$160
Amica Insurance Seattle Full Marathon Run	\$145	\$155	\$170
Amica Insurance Seattle Full Marathon Walk	\$145	\$155	\$170

Optional Add-Ons

Senior Discount	-\$10.00
Massage	\$18.00
Acupuncture	\$ 0.00

OPTIONAL FINISHER APPAREL

Men's Tank Top	xS S M L xL xxL	Black/Gold	White/Gold	\$20.00
Women's Tank Top	xS S M L xL xxL	Black/Gold	White/Gold	\$20.00
Men's Short Sleeve Top	xS S M L xL xxL	Black/Gold	White/Gold	\$25.00
Women's Short Sleeve Top	xS S M L xL xxL	Black/Gold	White/Gold	\$25.00
Men's Long Sleeve Top	xS S M L xL xxL	Black/Gold	White/Gold	\$45.00
Women's Long Sleeve Top	xS S M L xL xxL	Black/Gold	White/Gold	\$45.00
Men's Hooded Sweatshirt	xS S M L xL xxL	Black/Gold	White/Gold	\$35.00
Women's Hooded Sweatshirt	xS S M L xL xxL	Black/Gold	White/Gold	\$35.00
Men's Jacket	xS S M L xL xxL	Black/Gold	White/Gold	\$60.00
Women's Jacket	xS S M L xL xxL	Black/Gold	White/Gold	\$60.00

TOTAL \$

PLEASE CHOOSE YOUR METHOD OF PAYMENT:

 CASH ☐ CHECK# _____ VISA ☐ MASTERCARD ☐

(make checks payable to Seattle Marathon Association)

CC # _____ / _____ / _____ / _____

EXP DATE _____ / _____ SECURITY CODE _____

 CARDHOLDER
SIGNATURE _____

 CARDHOLDER
NAME (print please) _____

CARDHOLDER ADDRESS IF DIFFERENT FROM ABOVE:

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NO REFUNDS • NO MEDICAL COMPS

seattlemarathon.org