

# Mill Race Marathon and Half Marathon, & 5K

2021 OFFICIAL ENTRY FORM

Saturday, September 25, 2021, (Kids run on Friday, 9/24/2021)

One person per entry form, form may be duplicated. Mail-in entry deadline is August 31, 2021 NO REFUNDS

FIRST NAME

LAST NAME

GENDER M  F  AGE  BIRTHDAY (MM / DD / YYYY)  T-SHIRT - ADULT SIZE (Unisex) S  M  L  XL  2X

EVENT FULL  HALF  5K  KIDS  School (Kids)  T-Shirt - YOUTH SIZE S  M  L

EMAIL (Email required to get pre-race updates.)

STREET ADDRESS

CITY  STATE  ZIP or POSTAL CODE

DAYTIME PHONE (  )  -  EVENING PHONE (  )  -

RACE DAY EMERGENCY CONTACT NAME  RACE DAY EMERGENCY CONTACT PHONE (  )  -

### MAIL ENTRIES TO:

End Result Company PO Box 3907 Carmel, IN 46032  
 (Make Checks Payable to Mill Race Marathon)

Pace Requirements: Full - 15 min/mile; Half - 17 min/mile

PICK	DESCRIPTION	RATE
	MARATHON ENTRY (Postmarked by 6/30/19)	70
	MARATHON ENTRY (Postmarked by 8/31/19)	80
	HALF MARATHON ENTRY (Postmarked by 6/30/19)	55
	HALF MARATHON ENTRY (Postmarked by 8/31/19)	65
	5K RUN/WALK ENTRY (Postmarked by 6/30/19)	20
	5K RUN/WALK ENTRY (Postmarked by 8/31/19)	25
	KIDS RUN ENTRY no Shirt (Postmarked by 8/31/19)	0
QTY.	EXTRAS	RATE
	KIDS RUN SHIRT (Postmarked by 8/31/19)	5
	<b>GRAND TOTAL</b>	

### WAVE START

Estimated Finish Time **\*REQUIRED\*** \_\_\_\_\_

### WAIVER & RELEASE FROM LIABILITY

In consideration of acceptance of my entry, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, hereby release, discharge and agree to hold free and harmless Cummins Inc., Columbus Running Club, the City of Columbus Indiana, Healthy Communities Initiative, Sauer Race Management, any and all sponsors, officials, or organizers of the 2019 Mill Race Marathon Powered by Cummins and each of them together with their successors, assigns, officers, agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event and any pre- or post-race activities. By execution of this waiver, I assume all risks associated with my participation in this event including, but not limited to falls and the effects of volunteers, staff, other participants, weather, traffic, and road conditions; and acknowledge and accept that all such risks are known and appreciated by me.

I verify that I am physically fit and I have sufficiently trained for the competition of this event and that a licensed medical doctor has verified my physical condition. I further grant full permission to any and all of the foregoing to use and reproduce my image or likeness by any visual recording techniques (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including marketing purposes.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT (if participant is under 18 years of age) \_\_\_\_\_ DATE \_\_\_\_\_