

## How to Register to Run the Marine Corp Marathon on Behalf of the Brain Injury Association of D.C.

Thank you for choosing to run on behalf of the BIA-DC. Please review and complete the registration form below. There is a minimum fundraising goal/registration fee of \$500.00. However, we invite you to raise more money if you are able to do so. We realize that you may need time to raise the \$500.00 minimum to run for our Charity, but we do want to alert you that **registration officially begins on June 1<sup>st</sup>, 2011 and ends August 10<sup>th</sup>, 2011** for Charity Registrants that will be submitted by the BIA-DC.

Only those runners who have sent their \$500.00 to the BIA-DC can be registered. **The sooner you submit your forms and your donation, the sooner you will be on the official MCM mailing list, and then will you receive your runner's packet.**

**Don't be closed out—Register Now!**

These forms can be scanned and e-mailed to Lauren Krivitzky at [LKrivitz@childrensnational.org](mailto:LKrivitz@childrensnational.org), or mailed to the address listed below. **You must submit your money to the organization when you submit the registration form.**

You can submit your donation two ways.

Either mail in a check with your registration form to:

Mr. Ira Sherman  
Brain Injury Association of D.C.  
1232 Seventeenth Street, NW  
Washington, DC 20036

**OR**

To pay on our secure PayPal website, click the following link:

<http://www.biadc.org/help.html>

And scroll down to the Paypal icon on the bottom left of the page to make your donation.

**REGISTRATION FORM**

<b>2011 Charity Registration</b>	<b>Brian Injury Association of D.C.</b>
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**First Name:**

**M.I.:**

**Last Name:**

**Address:**

**City:**

**State:**

**Zip code:**

**Province:**

**Country:**

**Daytime Phone:**

**Birth date:**

**Gender:**

**Weight:**

**E-mail:**

**Shirt Size (Please specify Small, Medium, Large, XL, or XXL):**

**Please Specify with Yes or No: Wheelchair?**

**Please Specify with Yes or No: Hand-cycle?**

**Please Specify with Yes or No: Physically Impaired?**

**Please Specify MILITARY SERVICE with 'Yes' if applicable:**

**USMC?**

**USN?**

**USA?**

**USAF?**

**CG?**

**NG?**

**Foreign?**

**Please Specify MILITARY STATUS with 'Yes' if applicable:**

**Active?**

**Reserve?**

**Retired?**

**Former?**

**Expected Finish Time (Not to exceed 7 hours):**

**Please Specify with Yes or No: First Marathon?**

**RACE DAY EMERGENCY CONTACT INFORMATION**

**Name:**

**Phone:**

**PARENT/GUARDIAN CONSENT (Required for under 18)**

**Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**LIABILITY AND PUBLICITY RELEASE**

For considering my entry's acceptance in the Marine Corps Marathon, I the undersigned, intending to be legally bound, waive and release for myself, my heirs, executor and administrators, any and all rights and claims for damages, demands and any other actions, which I may have against the US Marine Corps, US Government, National Park Service, volunteer medical support, all participating supports, sponsors and those entities' representatives, successors and assignees, from my participation in the event, including any and all injuries suffered by me because of my participation in this event. I verify I have full knowledge of the rigors of this race and the risk involved in participation, and I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist of primarily of volunteer medical personnel prepared to administer first-aid type assistance along the race course and the finish line. I hereby grant permission to the Marine Corps Marathon and its sponsors to use all information submitted in my application, and any photograph, videotape, motion pictures, recording and any other record of this event including race results, my likeness, name and completion time for any lawful purpose related to the race and post-race publicity. Runner data may be used to offer a limited number of race enhancements.

The Marine Corps Marathon is open to all people who are physically fit. However, running a marathon is not recommended for people below the age of 14. It is also recommended anyone over the age of 35 and/or with a family history of heart disease consult with their physician before undertaking the marathon.

The Race Director reserves the right to reject any entry. No unauthorized bicycles or roller skates permitted during the race, headphones or other similar devices are not advised.

Runner acknowledges that the entry fee paid is non-refundable. Runner acknowledges and agrees that the Marine Corps Marathon in its sole discretion, may delay or cancel the event if it believes the conditions on race day are unsafe. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements, or any other cause beyond the control of the Marine Corps Marathon there shall be no refund of the entry fee or any other costs of Runner in connection with the Event.

Participant  
Signature/Date \_\_\_\_\_

Parents Signature  
If under 18/Date \_\_\_\_\_

**ALL ENTRIES ARE NON-REFUNDABLE & NON-TRANSFERABLE**