Fort Lauderdale A1A Marathon / Half Marathon

February 21, 2010. Register online @ A1AMarathon.com.

Mail in entry fee must be post marked by 2/13/10 Online registration closes at midnight EST 2/16/10. Walk up registrations are welcome at the Expo. There will be no race morning registration. You must be at least 18 years old to participate in the full marathon, 16 years old to participate in the half marathon.

Fort Lauderdale A1A Marathon & Half Marathon
PRESENTED BY: Publix

Last Name _____ First Name _____

Address _____ Apt.# / Suite _____ Phone (Day) _____

City _____ County _____ State _____ Zip or Postal Code _____ (Evening) _____

Country _____ Email Address _____

Choose Event:
- ☐ **Marathon**
- ☐ **Half Marathon**

☐ M ☐ F Gender

Age on Race Day _____

Birthday: M M D D Y Y

Estimated Finishing Time: Hr. Min. Sec.

T-shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

ENTRY FEE:	Full Marathon	Half Marathon	
Feb thru Aug	$75	$50	$_____
Sept thru Nov	$85	$65	$_____
Dec thru Feb.16th	$90	$75	$_____
Register at Expo	$110	$100	$_____

What division would you like to compete in?
- ☐ Main field
- ☐ Wheelchair (Full)
- ☐ Handcrank (Full)
- ☐ Visually Impaired

Total Amount Enclosed $_____

Credit Card #: (Please do not leave spaces between numbers)

Exp. Date ☐☐/☐☐

Billing Address:
(if different from above) _____

Card Holder Signature: _____

NO REFUNDS/TRANSFERS

MAKE CHECKS PAYABLE TO: ESM

Mail to: Exclusive Sports Marketing, Inc • 6421 Congress Ave, Ste. 103
Boca Raton, FL 33487 or Fax to: 561-241-3805

WAIVER- MUST BE SIGNED

STANDARD ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY:
PLEASE READ CAREFULLY THIS ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY (AWRL) BEFORE SIGNING. ALL ATHLETES MUST READ AND SIGN.

LIABILITY WAIVER AND RACE AGREEMENT. I hereby certify that I have carefully read, understand and agree to the Entry Form and the Terms and Conditions published by the A1A Marathon, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the race, and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the A1A Marathon, I, for myself, my heirs and assigns do hereby release Exclusive Sports Marketing Inc., the A1A Marathon, the Cities of Fort Lauderdale, Lauderdale-By-The Sea, Pompano, all sponsors, volunteers, Marathon staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the Marathon or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all Marathon events. I understand that participants in the Marathon are subject to drug testing as described in the Terms and Conditions (available on request or at www.a1amarathon.com). I will not enter and run unless I am medically able and properly trained to do so. I understand that the course is open to participants for six (6) hours.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE THE FOLLOWING SECTION

The Undersigned, (parent/guardian), _____ of _____ (minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the term of the foregoing AWRL. I represent that I have the capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL, for any claims make or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act on behalf of the minor in the execution of the foregoing AWRL, or in the execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by ESM. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course at attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of my self and said minor.

I acknowledge that no warranty is being made as to the results of any medical treatment.

NOTE: Parent/Guardian must also sign the AWRL above.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____
Relationship to Minor: _____

Date: _____

What name would you like on your bib? _____
(12 Character Max, must be received by 1/1/10)

Citizenship (if not U.S.) _____

Is this your first marathon? _____

How did you hear about this race? _____

Did you participate in the A1A Marathon or Half Marathon last year?

☐ Yes ☐ No

Please Answer these questions regarding Staying in Fort Lauderdale

How did you travel to the Ft. Lauderdale area?

- ☐ Private Automobile
- ☐ Rental Automobile
- ☐ Commercial Airline
- ☐ Other

How many people are traveling with you? _____

How many people traveling with you will participate in an A1A Marathon event? _____

Where will you be staying during the A1A Marathon Weekend?

_____

If you are staying in a Hotel, How many nights? _____

What is the highest level of education you have completed?

- ☐ Some High School
- ☐ Technical Certificate
- ☐ Undergraduate Degree
- ☐ Master's Degree
- ☐ High School Diploma/GED
- ☐ Some College
- ☐ Some Post Graduate
- ☐ Doctorate

What is your annual income range?

- ☐ $0 - $20,000
- ☐ $40,000 - $59,000
- ☐ $80,000 - $99,000
- ☐ $120,000 Plus
- ☐ $20,000 - 39,000
- ☐ $60,000 - $79,000
- ☐ $100,000 - $119,000
- ☐ No response

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