

2007 Official Entry Form
Journeys Marathon - May 12, 2007

(One participant per form. This form may be duplicated)

Where did you hear about Journeys Marathon? _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ Email Address: _____

Age: _____ Birth Date: _____ Sex: ☐ Female ☐ Male

In case of emergency :

Name: _____ Phone: _____

Race Entering: ☐ Marathon ☐ Half Marathon ☐ Power Walk (13.1 miles) ☐ 5K ☐ Kids Fun Run (Free)

☐ Competitive (Run) ☐ Non-competitive (Walk) ☐ Wheeler ☐ Handcrank

Age Group: (Circle One) 12-18 19-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70 & over

T-Shirt Size: (Can not guarantee size with registration after 4/1)

☐ S ☐ M ☐ L ☐ XL ☐ XXL

Have you participated every year over the past 9 years in Journeys Marathon? YES NO

Entry Fees:

Full Marathon (\$47 by 4/1, \$57 by 5/12) \$ _____

Half Marathon (\$42 by 4/1, \$52 by 5/12) \$ _____

Power Walk (\$42 by 4/1, \$52 by 5/12) \$ _____

5K (\$25 by 4/1, \$30 by 5/12) \$ _____

Pasta Dinner How many? ☐ Adults \$7 ea. ☐ Kids (6-12) \$5 ea \$ _____

Post Race Buffet [\$10/Person] \$ _____

Total (Enclosed with form) \$ _____

Please Read and sign this waiver. Then enclose payment and mail to the address listed below.

Waiver: Participating in the Journeys Marathon, half marathon, power walk, 5K and Kids Fun Run can be a serious threat to the health of participating individuals, especially to those who have not trained or are not in excellent health. Those participating should check with their physician prior to participating in Journeys Marathon. Knowingly and at my own risk I am applying to enter the Journeys Marathon. I myself, executors, administrators, heirs and assignees and anyone entitled to act on my behalf do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss damage or expenses or whatever kind and nature including, but not limited to attorney fees which may any time may be incurred by reason of my participation in or my preparation for any of the afore said events that I may incur as a result of my participating in Journeys Marathon. I myself and anyone entitled to act on by behalf also do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss damage or expenses or whatever kind and nature against Journeys Marathon, the City of Eagle River, Town of Boulder Junction, Town of Plum Lake, Town of Cloverland, Town of Conover, Town of Lincoln, Vilas County, the Northern Highland American Legion State Forest, the State of Wisconsin, the Eagle River Area Chamber of Commerce, all sponsors or any employee, volunteer, official or elected official of these organizations. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. I further hereby certify that I have full knowledge of the risks involved in this event and I am physically fit and have sufficiently trained to participate. If, however, as a result of my participation in Journeys Marathon, I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary by authorized personnel. I grant to Journeys Marathon and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion or other account of this event.

Signature (Participant): _____ Date: _____

Signature of Parent or Guardian if under 18: _____

Make Checks payable to: **Eagle River Area Chamber of Commerce**

Mail to: **Eagle River Area Chamber of Commerce and Visitors Center**

P.O. Box 1917—JM, Eagle River, WI 54521-1917

Phone: **(800) 359-6315**