

SUTTER HEALTH MEMORIAL MEDICAL CENTER • PRESENTS THE

10th YEAR!
Benefitting TEENS RUN MODESTO



MODESTO MARATHON
FULL, HALF, RELAY, & 5K

Sunday, March 31, 2019

MODESTO MARATHON, HALF MARATHON, RELAY & 5K

REGISTRATION FORM

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT: _____ THEIR PHONE: _____

BIRTHDATE (month/day/year): _____ AGE ON RACE DAY: _____

GENDER: MALE FEMALE SHIRT SIZE: XS S M L XL XXL ARE YOU A SHADOWCHASE MEMBER: YES NO

WHEELCHAIR ATHLETE:** YES NO ASSISTED TEAM:** YES NO (Mail in registration form only. Waiver required for each team member.)

RELAY TEAM NAME: _____ TEAM CAPTAIN NAME: _____

NAME (LEG 1, 7 MILES): _____ NAME (LEG 2, 6.1 MILES): _____

EVENT CHOICES

	3/10/18 to 9/30/18	10/1/18 to 12/31/18	1/1/19 to 2/28/19	3/1/19 to 3/29/19	Expo Day* 3/30/19	Race Day* 3/31/19
5K (3.1 miles)	\$30 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$55 <input type="checkbox"/>
Half Marathon (13.1 miles)	\$75 <input type="checkbox"/>	\$85 <input type="checkbox"/>	\$95 <input type="checkbox"/>	\$105 <input type="checkbox"/>	\$110 <input type="checkbox"/>	\$120 <input type="checkbox"/>
Two Person Half Relay (7+6.1 miles)	\$150 <input type="checkbox"/>	\$170 <input type="checkbox"/>	\$190 <input type="checkbox"/>	\$210 <input type="checkbox"/>	\$220 <input type="checkbox"/>	\$240 <input type="checkbox"/>
Marathon (26.2 miles)	\$95 <input type="checkbox"/>	\$105 <input type="checkbox"/>	\$115 <input type="checkbox"/>	\$125 <input type="checkbox"/>	\$130 <input type="checkbox"/>	\$140 <input type="checkbox"/>
5K discount price for 12 and under	\$20 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$40 <input type="checkbox"/>
Kid's Fun Run (0.262 miles) for 8 and under	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$10 <input type="checkbox"/>

Make checks payable to:

MODESTO MARATHON

PO Box 3605, Modesto CA 95352

Must be postmarked by 3/15/19.

Online registration will close 3/29/19.

To register online go to:

www.ModestoMarathon.com

**Runners will receive a race bib, official timing, course aid and finish line food & drinks, but will not receive race swag. **Wheelchair/assisted team category are the same prices.*

Event Price: \$ _____

Mail in registration fee: **\$ 15** _____

Additional donation to **Teens Run Modesto** (thank you!): \$ _____

Total enclosed: \$ _____

Waiver: I know that running the Modesto Marathon is a potentially hazardous activity. I will not run unless I am medically able and properly trained. I assume all the risks associated with running/walking but not limited to: falls, weather, traffic, and such risks being known to me. Having read this waiver and knowing these facts and in consideration of your accepting my entry to the Modesto Marathon, Half Marathon, Relay or 5K and anyone entitled to act on my behalf, waive and release the City of Modesto, ShadowChase Running Club, Teens Run Modesto, Modesto Marathon, sponsors, product donors, volunteers, and their employees from all claims or liabilities of any kind arising out of my participation in and travel to and from the event although that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. By signing below I agree to allow Modesto Marathon and Teens Run Modesto to use my likeness in promotional materials.

Signature (parent or guardian if under 18 yrs.) _____

Date: _____