



Run for the Diamond

**UXBRIDGE
HALF MARATHON**

10K & 5K TRAIL RUN/WALK

Sunday April 17th 2016

REGISTRATION INFORMATION

Online Registration available at: www.runningroom.com

For more information visit:

www.uxbridgehalfmarathon.com

Registration Form

Last Name First Name

Address

City Province Postal Code.....

E-mail Phone.....

Date of Birth M..... D..... Y..... Age on Race Day.....*proof required at race kit pick up*

Please tick appropriate boxes:

Gender: M F Shirt size: Men's XS S M L XL Women's XS S M L XL

Health Conditions/Allergies: (please print)

.....

21.1km Half Marathon Run (All Half marathon entries must be 16 yrs of age)*

21.1km Half Marathon Team Entry* Team Name _____

Register before Feb 1st: \$60.00 Before March 1st: \$70.00 Before April 17th: \$80.00 **Race Day entry: \$90.00**

10km Trail Run* **10km Trail Walk***

10km Team Entry* Team Name _____

Register before Feb 1st: \$40.00 Before March 1st: \$50.00 Before April 17th: \$60.00 **Race Day entry: \$70.00**

5km Trail Run* **5km Trail Walk***

5km Team Entry* Team Name _____

Adults 16yrs+ Register before Feb 1st: \$30.00 Before March 1st: \$40.00

Before April 17th: \$50.00 **Race Day entry: \$60.00**

Youth 15yrs & Under - \$25.00 Race Day Entry - \$30.00**

Kids Dash 7yrs and Under - \$15.00 (price includes BBQ lunch)

**Must be 16 years of age to qualify for the Diamond draw **Youth rate applies only to the 5km run/walk*

How did you hear about the event? **Ran the event before** How many times

Newspaper Name of paper **Promotional Brochure** Location

Online Calendar Website **Online Ad.** Website **Friend**

Waiver Release & Indemnification

I know that participating in physical fitness events is a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I should not participate without my physician's approval. I acknowledge that I am solely responsible for my own medical well being. "Event" shall include, but is not limited to, all activities, events or services in any way provided, organized, sponsored or authorized by the "The Run for the Diamond" Organizers. On my own behalf, any minors or third parties for whom I am registering, I agree that (a) we will abide by any decision of an Event official concerning our ability to safely participate; (b) we will assume any and all risks associated with the Event; including but not limited to, falls, contact with other persons or objects, the effects of weather, traffic and course conditions; (c) we hereby consent to permit, and accept responsibility for emergency treatment in the event of injury or illness; (d) we understand if the Event cannot be held as scheduled, we may not be entitled to a refund of any money paid.

As a condition of entering this Event, I for myself, any minors, or any third party for whom I am acting, waive and release Township of Uxbridge, the Uxbridge Cottage Hospital, the Hospital Auxiliary, Hospital Foundation, Administrators, Durham Regional Police Services, Wooden Sticks Golf Course & Wooden Sticks Golf Course Management, all sponsoring companies and any associated or related entities, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers ("Event Organizers"), from present and future claims and all liabilities of any kind, known or unknown, arising out of our participation in this Event or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event Organizers.

We agree that (a) the Event Organizers shall not be liable for any personal injury, death or property loss, and we release the Event Organizers and waive all claims with respect thereto, and (b) to hold harmless and indemnify the Event Organizers, from any and all liability from any property damage or personal injury to any third party resulting from my participation in the Event. We grant permission to Event Organizers to use or authorize others to use our personal information, including but not limited to, any photographs, images or documentation of our participation in this Event or related activities without remuneration being provided to us.

Name (Please Print) Signature.....

17 & under Parent or Legal Guardian Signature.....

(This waiver must be signed to be accepted) Date.....

In addition to my entrance fee, I would like to make a donation towards the purchase of new equipment for the new Rehabilitation Unit and for renovations to the Endoscopy Suite for the Uxbridge Cottage Hospital

I would like to donate: \$10 \$20 \$30 \$40 \$50 \$100 Other amt.....
(donations over \$20 will be eligible to receive a tax receipt)

For ONLINE DONATIONS Go to www.uxbridgehalfmarathon.com and click on the link **Donate**

Please select payment option:

Cash **Cheque**

*Make cheques payable to: **Uxbridge Cottage Hospital Auxiliary***

Credit Card Type of Card: Visa ____ MC ____

Name on the Card: _____ Account number _____

Expiration Date _____ Security Code _____

Billing Address _____

City _____ Province _____ Postcode _____

Phone Number _____

Amount to be Charged _____

By signing this form, you authorize to charge your card for the amount listed above.

Signed: _____ Date: _____

Register By Mail to: Uxbridge Cottage Hospital Auxiliary, 4 Campbell Dr., PO Box 5003, Uxbridge L9P 1S4