

BankTrust First Light Marathon - January 9, 2011

Please print clearly and fill in ALL the boxes.
Online registration available at MarathonGuide.com.

For additional information, call 251-438-2094 or 251-476-8732. Entry fees nonrefundable.

Last Name

First Name Middle Initial

Age on 1/9/2011 Female Male Date of Birth MMDDYY Zip Code -

Address APT#

City State

Country E-mail:

Home Phone -- Work Phone --

Event *Check One Only*
 Marathon Half 1.2 Mile Relay (Relay teams must submit a team roster.)
 Team Name _____

Category *Check One Only*
 Runner/Walker Wheelchair Racewalker

T-Shirt *Check One Only* Included w/ Registration Fee (Shirt size guaranteed if received by 12/31/10)
 Youth Large Small Medium Large X-Large XX-Large

DRUG STATEMENT: Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field regulation 10 and IAAF Rule 53. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event, and will lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS MAY CONTAIN BANNED SUBSTANCES.

RELEASE FORM: I know that running a road race is a potentially hazardous activity that might cause personal injury or even death. I attest and verify that I am medically able and properly trained to enter and to complete this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all the risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and conditions of the road/bridges, all such risks being known and appreciated by me. In consideration of the L'Arche Mobile Foundation (LMF), its sponsors, agents, servants, representatives, licensees, contractors, successors, and assigns organizing and conducting the First Light Marathon (Road Race) held on January 9, 2011, and allowing me to participate and run in said race. I hereby waive, release and discharge forever said LMF and its sponsors, agents, servants, representatives, licensees, contractors, successors, and assigns from any and all claims, demands, rights and causes of action of whatsoever kind and nature arising, directly or indirectly, from any and all known and unknown, foreseen and unforeseen, bodily and personal injury, damage to property, and the consequences thereof resulting from my running and/or participating said Road Race, and Covenant Not to Sue for any said injuries and/or damage. I understand all entries are final, with not refunds, and that the race organizers reserve the right in the event of an emergency or local or national disaster to cancel the race or to change the day and/or time of the event and that there is no refund of entry fees. I give permission for the use of name and/or picture for any broadcast, telecast or other account of this event. All forms must be signed - incomplete, unsigned forms will not be accepted.

Signature _____ Date _____

Parent(Guardian) _____ If under 18, the signature of parent/guardian is also required.

Please Mark Your Payment	Received by October 1, 2010	Received by December 31, 2010	Received After January 1, 2011
Full Marathon	\$50 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$80 <input type="checkbox"/>
Half Marathon	\$35 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$40 <input type="checkbox"/>
5-Person Relay	\$125 <input type="checkbox"/>	\$130 <input type="checkbox"/>	\$135 <input type="checkbox"/>
1.2 Mile Fun Run (Does not include meal) (over 18 add \$2 for 1.2 mile run)	\$8 <input type="checkbox"/>	\$10 <input type="checkbox"/>	\$12 <input type="checkbox"/>

Please Enter your Total Payment Amount

Entry Fee	
Tech Shirt	
Extra Meal	
Fun Run Meal	
Total Payment	\$

10th year Anniversary Race Tech Shirt – Short sleeve- \$10 Long sleeve-\$13
 Y Lrg Sml Med Lrg X-Lrg XX-Lrg

Fun Run Meal(s) _____ @ \$5 Each School Name _____

Would you like to receive the complimentary meals? (Please check your answer)

Pre-Race Meal Yes No Additional tickets: _____ @ \$5 each
 Post-Race Meal Yes No Additional tickets: _____ @ \$5 each

Enter totals in box at above right.

Make checks payable to: **L'Arche Mobile Foundation**

Mail application and fees to: **L'Arche Mobile Foundation; First Light Marathon; 151 S. Ann Street; Mobile, AL 36604**