



Jim Pauls Real Estate Ltd., Brokerage

HAMILTON MARATHON ROAD2HOPE

2017 REGISTRATION FORM – SATURDAY, NOVEMBER 4 & SUNDAY, NOVEMBER 5, 2017

FIRST NAME: _____ LAST NAME: _____

AGE ON RACE DAY: _____ MALE: FEMALE: PHONE: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

E-MAIL: _____

ARE YOU COLLECTING PLEDGES FOR A CHARITY? YES NO

IF YES, WHICH CHARITY? _____

HOW DID YOU HEAR ABOUT THE RACE? _____

DO YOU WANT A PASTA DINNER TICKET? (\$25+HST/PERSON) YES NO HOW MANY? _____ COST _____

HAMILTON MARATHON ROAD2HOPE WEEKEND REGISTRATON FEES (HST NOT INCLUDED IN PRICING)

Price by Date	SATURDAY, NOVEMBER 4.17			SUNDAY, NOVEMBER 5, 2017		
	1K (12 & under)	5K	10K	½ Marathon Runner	½ Marathon Walker	Full Marathon
Oct. 1/17 – Nov. 1/17	<input type="checkbox"/> \$17	<input type="checkbox"/> \$55	<input type="checkbox"/> \$60	<input type="checkbox"/> \$90	<input type="checkbox"/> \$90	<input type="checkbox"/> \$105
RACE WEEKEND-Nov. 3, 4, 5/17 Must register in person at the Expo.	<input type="checkbox"/> \$20	<input type="checkbox"/> \$60	<input type="checkbox"/> \$65	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120

IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION AND THE PERMISSION TO PARTICIPATE AS AN ENTRANT IN THE ROAD2HOPE RACE AND ANY OR ALL OF THE PRE AND POST EVENT ACTIVITIES ON NOVEMBER 1 & 2, 2014, I FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATOR, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ROAD2HOPE, & THE RUNNERS DEN DIRECTOR(S), ALL SPONSORS AND CONTRIBUTORS AND ALL OTHER ASSOCIATIONS, SANCTIONING BODIES AND SPONSORING COMPANIES, AND ALL THEIR RESPECTIVE EVENTS, OFFICIAL SERVANTS, CONTRACTORS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS TO AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS, CAUSES OF ACTION WHETHER IN LAW OR EQUITY. IN RESPECT TO DEATH, INJURY OR LOSS OR DAMAGES, IN MY PERSON OR PROPERTY HOWEVER CAUSED, ARISING OR TO ARISE BY MY PARTICIPATION IN THE SAID EVENT, WHETHER AS A SPECTATOR, PARTICIPANT, COMPETITOR OR OTHERWISE, WHETHER PRIOR TO, DURING OR SUBSEQUENT TO THE EVENT, AND NOT WITHSTANDING THAT THE SAME MAY HAVE BEEN CONTRIBUTED, OR OCCASIONED BY, THE NEGLIGENCE OF ANY OF THE AFORESAID, I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY THE AFORESAID FROM AND AGAINST ANY AND ALL LIABILITY INCURRED BY ALL OF THEM AS A RESULT OF OR IN ANY WAY CONNECTED WITH, MY PARTICIPATION IN THE SAID EVENT. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY.

Signature _____ Date: _____

Parent/Guardian Signature if under 18: _____ Date: _____

Payment: Cheque: Make cheques payable to "Runner's Den Ltd.

Visa/MC # _____ Expiry Date: _____

Card Holder's Name: _____ CVC No. _____

City/Prov: _____ Postal Code _____ Phone: _____

Signature: _____

TOTAL PAID Fee _____ x1.13 (HST) = _____

Fax to: 1-866-557-1586 OR Mail to: Hamilton Marathon Road2Hope, c/o Runner's Den, 860 King St. W., Hamilton, ON L8S 1K3

Email to: road2hope@live.ca

