

INSTRUCTIONS:

1. Use the Print command to print this page.
2. Mail completed form and entry fees to the address at the bottom of the page.

I am a Pace Bunny

Expected Finishing Time: _____ : _____
Hours Minutes

PLEASE CHECK ONE:

- Marathon Half-Marathon Half Marathon Walk 5k Run 5k Walk

First Name: _____ **Last Name:** _____

Sex (M/F): _____ **Age (on Oct 18/09):** _____ **Shirt Size:** XS S M L XL
(Note: sizes are unisex and cannot be guaranteed)

Address: _____ **Apt#:** _____ **City/Town:** _____

Province/State: _____ **Postal/Zip:** _____ **Country:** _____ **Email:** _____

Day Phone: _____ **Ext:** _____

Please let us know if you have any medical conditions that we should be aware of:

ENTRY FEES (NO REFUND ON ENTRY FEES)

	By Feb 28	By May 31	By Aug 31	After Aug 31
Marathon	\$70	\$75	\$85	\$95
Half Marathon	\$60	\$65	\$70	\$80
5k	\$25	\$30	\$35	\$40



For information on Relay Teams, please go to Relay info on our website or call (416) 972-1062.

_____ **Number of tickets for the CARBO LOAD DINNER (\$25.00 each)**
(Tickets are available on a first come first served basis.)

_____ **BUS TRANSPORTATION** - Please check if you require transportation to the Start Line.
(Available to participants in the Marathon or Half-Marathon only. Participants must show bib to board. Visit <http://www.TorontoMarathon.com> for detailed information regarding pick-up locations and times.)

Please make cheques/money orders payable in Canadian Funds (foreign entrants in U.S. funds only) to:
The Toronto Marathon, 450 Walmer Road, Suite 412, Toronto, ON M5P 2X8

If written confirmation is required please include a stamped self-addressed envelope.

By including your email address above, an electronic confirmation will be emailed to you upon receipt.

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant, competitor or volunteer in the GoodLife Fitness Toronto Marathon and any or all of the following events: the Half Marathon, Relay, 5K, Post Race Activities on Sunday October 18th, 2009 and any other 2009 GoodLife Fitness Toronto Marathon activities that take place prior to or after the event, including the use of my photograph/picture for marathon promotional purposes. I, for myself my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the City of Toronto, The Toronto Board of Commissioners of Police, The Toronto Police, The Toronto Auxiliary Police Force, The Chief of Police, The Toronto Transit Commission, The Ministry of Transportation of Ontario, The Ontario Track and Field Association, Athletics Canada, Sidan Traffic Control Services, GoodLife Fitness, Princess Margaret Hospital, Canadian Diabetes Association, and their volunteers and employees, all sponsors and contributors, Running First Ltd., Jay Glassman, The GoodLife Fitness Toronto Marathon Organizing Committee, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor, volunteer or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of 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 I WARRANT that I am physically fit to participate in this event.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

BEST MARATHON TIME: _____ **DATE (month/day/year):** _____ **CITY:** _____

No persons under age 18 will be permitted to participate in the full marathon.

FOR OFFICE USE:

ED: _____ EB: _____ PR: _____