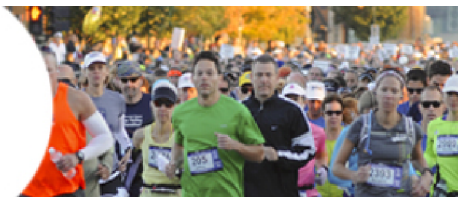




DuPage Medical Group Fox Valley MARATHON

Half Marathon & Fall Final 20
Sunday September 20, 2020 7am St. Charles IL



REGISTRATION FORM - CHECKS ONLY, CREDIT CARDS ONLINE

RACE DAY CHOICE OF:	1/1/20	3/1/20	5/1/20	7/1/20	8/1/20	9/1/20
Marathon, Fall Final 20, Half or 5K	\$95.00	\$105.00	\$115.00	\$120.00	\$ 125.00	\$130.00
Fall Final 20™, Half or 5K	\$90.00	\$90.00	\$95.00	\$100.00	\$ 105.00	\$110.00
Half Marathon or 5K	\$85.00	\$85.00	\$90.00	\$95.00	\$ 100.00	\$105.00
5K			\$35.00	\$40.00	\$ 45.00	\$50.00
Kids Marathon	\$10.00	\$10.00	\$10.00	\$10.00	\$ 10.00	N/A

MAIL-IN MUST BE POSTMARKED BY 9/1/2020

EVENT	AMOUNT
MARATHON	
FALL FINAL 20™	
HALF MARATHON	
5K	
KIDS MARATHON	
NO RACE SHIRT OPTION (Not for Kids) -\$10, -\$5 for 5K	
TOTAL	

Make checks payable and mail to:
Fox Valley Marathon
P.O. Box 3955
St. Charles, IL 60174
 Note: Registration and fee is subject to race availability and postmark date.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Country _____

Day Phone: _____ Cell Phone: _____

Email: _____

Age on Race Day: _____ Date Of Birth: _____ *Note: Must be at least 18 years old on race day, 8 years old for 5K*

Gender (circle): Male Female

Shirt Size (circle): X-Small Small Medium Large X-Large XX-Large _____ **NO SHIRT OPTION (-\$10/- \$5 for 5K)**

Adult races shirts are long sleeve tech, gender specific. Kids shirts are cotton, youth (S/M/L/XL)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Is This Your First Marathon/Half/5K? (circle) Yes No Attempting to Boston Qualify at Fox Valley? Yes No

Expected Finish Time: _____ hrs _____ min

Charity: _____ (If running for a charity, please specify name)

Running Club Name (If affiliated) _____

Release and waiver:

I acknowledge that ...

- I will be 18 or older on race day. 8 years old for the 5K
- My child participant will be between 4 and 14 years old (inclusive) on race day (Kids race).
- I will maintain a 13:45 per mile pace. (Half, Final 20 and Full) or 20:00 per mile for the 5K
- there is no race-day packet pickup unless selected on-line.
- all packet pickup options end race morning at 7am
- all awards including Endurance, age group, multi-race and overall must be picked up race day at the awards tent in the race village.
- I will register with data matching my ID. Falsifying name or date-of-birth will forfeit my registration
- entries are not refundable
- entries are not transferrable to another individual. Attempted bib sale will forfeit my registration
- bullying, threatening, lying to, or otherwise treating volunteers with disrespect will forfeit my registration.
- limited to one one General Registration per person.

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. I declare that I am medically able, properly trained, physically fit and capable of participating in a marathon and maintaining a 13 minute 45 second per mile pace, and that my medical care provider has approved my participation. I also acknowledge full and sole responsibility for my own medical expenses and that I am responsible for any and all medical expenses on my behalf. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge The Fox Valley Marathon Races, ShebBix Inc, The City Of St. Charles, The City Of Geneva, The City Of Batavia, The City Of North Aurora, The City Of Aurora, The State Of Illinois, The Fox Valley Park District, The Kane County Forest Preserve District, The Batavia Park District, The St. Charles Park District, The Geneva Park District, Kane County Government Center, River Street Buildings, USATF, CASA Kane County, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the Releasees), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I hereby grant full permission to ShebBix Inc and/or agents authorized by them, to use any photographs, motion pictures, audio/video recordings or any other record of myself at these events for any legitimate purpose at any time without compensation. I acknowledge that the event organizers have the right to refuse any registration to any applicant. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event at their sole discretion without compensation or refund. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event.

I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

Signature _____ Date: _____