

# 20th Annual Indianapolis Marathon, Half Marathon, 5K, & Relay

*Saturday, October 17, 2015*

2015 OFFICIAL ENTRY FORM

One person per entry form, form may be duplicated. Mail-in entry deadline is September 30, 2015. **NO REFUNDS**

FIRST NAME

LAST NAME

GENDER M  F  AGE   BIRTHDAY (MM/DD/YYYY)       T-SHIRT ADULT SIZE (Unisex) S  M  L  XL  2X  YOUTH SIZE YS  YM  YL

EVENT FULL  HALF  5K  KIDS  RELAY  RELAY TEAM NAME

EMAIL (Email required to get prerace updates.)

STREET ADDRESS

CITY                 STATE   ZIP or POSTAL CODE

DAYTIME PHONE (    )   -     EVENING PHONE (    )   -

RACE DAY EMERGENCY CONTACT NAME                 RACE DAY EMERGENCY CONTACT PHONE (    )   -

**MAIL ENTRIES TO:**  
End Result Company PO Box 3907 Carmel, IN 46032

Pace Requirements: Full - 15 min/mile; Half - 17 min/mile

PICK	DESCRIPTION	RATE
	MARATHON ENTRY (Postmarked by 11/30/14)	65
	MARATHON ENTRY (Postmarked by 6/30/15)	70
	MARATHON ENTRY (Postmarked by 9/30/15)	79
	HALF MARATHON ENTRY (Postmarked by 11/30/14)	55
	HALF MARATHON ENTRY (Postmarked by 6/30/15)	60
	HALF MARATHON ENTRY (Postmarked by 9/30/15)	69
	5K RUN/WALK ENTRY (Postmarked by 6/30/15)	25
	5K RUN/WALK ENTRY (Postmarked by 9/30/15)	30
	MARATHON RELAY ENTRY (Postmarked by 11/30/15)	130
	MARATHON RELAY ENTRY (Postmarked by 6/30/15)	140
	MARATHON RELAY ENTRY (Postmarked by 9/30/15)	160
	KIDS MARATHON ENTRY (Postmarked by 6/30/15)	6
	KIDS MARATHON ENTRY (Postmarked by 9/30/15)	8
QTY.	EXTRAS	RATE
	Saturday Cookout - Extra Tickets	6
<b>GRAND TOTAL - payable to: Indianapolis Marathon</b>		

**WAVE START**

Estimated Finish Time **\*REQUIRED\*** \_\_\_\_\_

**SEEDING INFORMATION**

	Full	Half
To be seeded, you must have run one of these times in the past 12 months:	Male 3:25	1:35
	FM 3:50	1:50

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**WAIVER & RELEASE FROM LIABILITY**

Warning: Participation in the Indianapolis Marathon, Half Marathon, 5k, Marathon Relay, or Kids Marathon can be a serious threat to the health of individuals who are not in excellent physical condition. For, and in consideration of my participation in this event, I myself, my executors, administrators, heirs, and assignees do hereby release and discharge the City of Lawrence, City of Indianapolis, Indianapolis Marathon Corporation, Indianapolis Marathon Road Runners Club Inc., Fortune Academy, the Race Committee and all sponsors, agencies, subsidiaries, affiliates, and beneficiaries jointly and severally and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss, damage or expenses of whatever kind and nature including, but not limited to, attorney fees which at any time may be incurred by reasons of my participation in or my preparation for any of the afore said events. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate.

The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT (if participant is under 18 years of age) \_\_\_\_\_ DATE \_\_\_\_\_