

Sunday, June 16, 2024

To enter, complete this form, read and sign waiver and return with proper fee to the Manitoba Marathon 1479 Dublin Ave. Winnipeg, MB R3E 3G8

| First Name Middle Name | |
|---|------------------------|
| Last Name | |
| Address | |
| City Province or State | |
| Postal Code or Zip Code Country | |
| Phone Number | |
| Emergency Contact (required) | |
| Emergency Contact Phone Number (require | ed) |
| Email Address | |
| Date of Birth Y/M/D | Age on Race Day |
| □ Male □ Female □ Non-Binary □ Prefer Are you a wheelchair participant? □ Yes □ Handcycle? □ Yes □ No | |
| Company or School Name | |
| This is my: First Full Marathon First Ha Or: I have run Full Marathon(s) Lifyou have run a full marathon enter best til | Half Marathon(s) |
| Estimated finish time required: | |
| Entries without a finish time will be placed i | n the last corral. |
| Why I'm running in the Manitoba Marathon/I | mportant Medical Info: |

OFFICE USE ONLY DO NOT SEND CASH THROUGH THE MAIL

| COMPUTER | Dolan Catomoni | Draces | 44 |
|----------|----------------|---------|----|
| COMPUTER | Relay Category | Process | # |
| | | | |
| | | | |

RELAY INSTRUCTIONS DEADLINE JUNE 12

- Each relay team member must fill in and sign a form. •
- The first runner on a relay team who wishes to run the Full or Half Marathon must register for both events and must pay the fees associated with both events.
- School teams must all be from one school; school relay registrations are not accepted online.

☐ Elementary Schools - Grades 6 & Under

Check ONE:

Incomplete teams will be disqualified.

- School teams may have one adult on the team.
 The team will be in the school special category.
- To be eligible for youth team awards members must be from the same school.
- Fill out one check box from each column below.
- Transfer fee of \$20

And Check ONE:

Male (all male)

| No Refunds | No Defe | rrals | | | |
|---------------|---------|-------|--|--|--|
| No Exceptions | | | | | |
| | _ | | | | |

Event Change Fee: \$20

RELAY TEAM NAME

| ☐ Junior High Schools - Grades 7 to 9 | | Female (all | female) | | | | | |
|--|--|----------------|---------------------------------|-----------------------|---------|--------------------|------|-------|
| High Schools - Grades 10 to 12 | | Mixed | | | | | | |
| Open - fellow workers, community centre pals, softball buddies or just plain friends | . 🗆 | | cial (for teams r or parent) | including | | | | |
| (Processing Fees Included) | Until Fe | eb 29/24 | | une 13/24 t Relay) | June 14 | EXPO June 14&15 | | Total |
| MANITOBA LIQUOR & LOTTERIES FULL MARATHON Women's T-Shirt: | \$110 | | \$120 | | closed | \$130 | | |
| T-shirt size not guaranteed (min. age req. 16) | | | • | • | | | | |
| RUNKEEPER HALF MARATHON Women's T-Shirt: \Box B \Box M L XL XXL Men's T-Shirt: B M L XL XXL | \$99 | | \$110 | | closed | \$120 | | |
| T-shirt size not guaranteed (min. age req. 13) | | | | | | | | |
| JOHNSTON GROUP RELAY (Team of 5) DEADLINE JUNE 12 | Adult \$225 | Youth \$150 | Adult \$275 | Youth \$175 | closed | N/A | | |
| GOODLIFE FITNESS 10K Women's T-Shirt: | \$60 | | \$70 | | closed | \$75 | | |
| T-shirt size not guaranteed | | | | | | | | |
| MANITOBA PHYSIOTHERAPY ASSOCIATION 5K SUPER RUN | \$45 | | \$55 | | closed | \$65 | | |
| MANITOBA PHYSIOTHERAPY ASSOCIATION 5K SUPER RUN (Family Pack) 2 adults & up to 3 youth in same household | \$40.50 | | \$49.50 | | closed | \$58.50 | | |
| Parking (U Lot) | | | | | | | \$20 | |
| RUNNER'S CLUB VIP EXPERIENCE Includes one complimentary race day U-lot Parking Pass, Pre and Post race private lounge access inside Princess Auto Stadium, Continental Breakfast pre-race (coffee, fruit, bagels, etc), Catered lunch and beverages after your event and post-race mini massage. \$125 \$125 | | | | | | | | |
| MRA Members deduct \$5 MRA # | | | | | | | | |
| Total: \$ | | | | | | | | |
| METHOD OF PAYMENT VISA Mastercard Cheque (enclosed) Cash (in person only) Debit (Canadian funds) | | | | | | | | |
| CREDIT CARD # CARD EXPIRY (M/Y) / CVV | | | | | | | | |
| | NAME (as it appears on Credit card):SIGNATURE: | | | | | | | |

I know and accept all the risks that may arise in running or walking an organized event such as the Manitoba Marathon. I am aware of and agree to the rules of the event as stated. I know that I must medically be able and fit to participate. I also know that I may encounter traffic on or next to the course route, high heat, humidity and hazardous road traffic conditions. Knowing these facts, I release the Manitoba Marathon, City of Winnipeg, and Winnipeg Police Service, the Sponsors, the supporters, the Charity Partners and all individuals associated with the event. This release covers claims of liability and death, personal injury and property damage arising out of my participation no matter how cause d or whether forseen or not. I consent to medical treatment if I am injured or ill during the event. I permit the free use of my name and picture in the broadcasts, telecasts, and the press as they pertain to the Manitoba Marathon. I permit the Manitoba Marathon, the Sponsors and the Charity Partners free use of my name, voice, and picture in any broadcast, advertising, promotion, or any other account of the event. I consent to collection of the personal information on this form and to any other photographs and video recordings of me during the event. The Manitoba Marathon may use my personal information to process my entry and record my results and to promote the event. The Manitoba Marathon may publish the results in the Winnipeg Free Press, in other local newspapers and post them on the corresponding websites including www.manitobamarathon.mbc.a. (A full copy of our privacy statement is available from our website or from our office) I am aware that the Race Director has the right to refuse entry. I am at least 18 years old, I read this document, and I understand what it says and that there are no refunds, transfers or deferrals. If I am under 18 years to he person who signs this is my parent or guardian.

DATE

PARTICIPANT'S SIGNATURE PARENTS SIGNATURE (if under 18)







Tax receipts for donations of more than \$20 will be emailed early in the new year.

Email and home address are required to receive a tax donation.

Charitable Registration #: 119278513 RR 0001

Make cheques payable to:
United Way Winnipeg, 580 Main Street, Winnipeg, MB R3B 1C7

FUNDRAISING DEADLINE: JULY 31, 2024

All cash and cheque pledges must be entered into Race Roster by the runner in order to qualify for top fundraising prizes.

| Name | | |
|-----------------------------|--|--|
| Address (mail or email) | | |
| City Province Postal Code | | |
| Evening Phone Daytime Phone | | |
| School or Company | | |
| Event Entered Race Number | | |

| Name (First, Last) Email Home Address | (as it appears on credit card) (required for tax receipt) | Payment Type (credit card, cash, cheque) | Amount | Credit Card Number | cvv | Expiry |
|---------------------------------------|---|---|--------|--------------------|-----|--------|
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*Privacy Disclaimer - Names & Addresses on this pledge sheet are used only to issue Tax Receipts.

| OFFICE USE ONLY | FUNDS RECEIVED BY: | TOTAL FUNDS RAISED |
|-----------------|--------------------|--------------------|
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