



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

Emergency Contact Phone Number

Email Address

Date of Birth Y/M/D Age on Race Day

Male Female Non-Binary Prefer not to disclose

Are you a wheelchair participant? Yes No

Handcycle? Yes No

Company or School Name

This is my: First Full Marathon First Half Marathon
 Or: I have run ____ Full Marathon(s) ____ Half Marathon(s)
 If you have run a full marathon enter best time: _____

Estimated finish time required:

Entries without a finish time will be placed in the last corral.

Why I'm running in the Manitoba Marathon/important Medical Info:

OFFICE USE ONLY

DO NOT SEND CASH THROUGH THE MAIL

Relay Category	Bib # Assigned	Event	Adult/Youth
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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.

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

**No Refunds | No Deferrals
 No Exceptions
 Event Change Fee: \$20**

Check ONE:

- Elementary Schools - Grades 6 & Under
- Junior High Schools - Grades 7 to 9
- High Schools - Grades 10 to 12
- Open - fellow workers, community centre pals, softball buddies or just plain friends

And Check ONE:

- Male (all male)
- Female (all female)
- Mixed
- School Special (for teams including one teacher or parent)

RELAY TEAM NAME

(Processing Fees Included)	Adult	Youth	Total
MANITOBA LIQUOR & LOTTERIES FULL MARATHON Women's T-Shirt: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL Men's T-Shirt: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL T-shirt size not guaranteed (min. age req. 16)	Adult \$110		
RUNKEEPER HALF MARATHON Women's T-Shirt: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL Men's T-Shirt: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL T-shirt size not guaranteed (min. age req. 13)	Adult \$99		
JOHNSTON GROUP RELAY (Team of 5) DEADLINE JUNE 12	Adult \$225	Youth \$150	
GOODLIFE FITNESS 10K Women's T-Shirt: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL Men's T-Shirt: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL T-shirt size not guaranteed	Adult \$60	Youth \$40	
MANITOBA PHYSIOTHERAPY ASSOCIATION 5K SUPER RUN	Adult \$45	Youth \$30	
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. As well as private gear check, private washroom access, and exclusive race day savings on Manitoba Marathon Apparel - 20% off all gear.			\$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: _____

Release and Consent:
 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 foreseen 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.mb.ca. (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 the person who signs this is my parent or guardian.

PARTICIPANT'S SIGNATURE _____ PARENTS SIGNATURE (if under 18) _____ DATE _____

