

Please circle one

Dodge Rock 'n' Roll San Diego Marathon & 1/2 Marathon

Marathon
1/2 Marathon



register online at competitor.com

COMPLETE ENTIRE FORM

ENTRY FORM MUST BE RECEIVED (NOT POSTMARKED) BY 5/25/2012 **Submitted in person**
MAIL: Rock 'n' Roll Marathon Series, 9477 Waples St., Suite 150, San Diego, CA 92121 FAX: 858.450.6005

PLEASE PRINT NEATLY USING CAPITAL LETTERS. PHOTOCOPIES ARE ACCEPTED (DO NOT ALTER SIZE). ONE ENTRY PER FORM PLEASE.

NAME (FIRST) _____ (LAST) _____

ADDRESS _____ APT.#/SUITE _____

CITY _____ STATE _____ ZIP or POSTAL CODE _____

COUNTRY _____ PHONE _____

EMAIL ADDRESS _____

M F BIRTH DATE* _____ PERSONALIZE YOUR RACE BIB** _____ ESTIMATED FINISHING TIME _____

M M D D Y Y * Minimum age is 18 for FULL MARATHONS. Minimum age is 12 for 1/2 MARATHONS. Age divisions calculated by birth date.
** Available to entrants who register by April 22, 2011. Text is case sensitive, with a maximum of 16 characters including spaces. No commas, quotes, or # symbols will be accepted.

RELEASE & WAIVER OF LIABILITY AGREEMENT

ALL PARTICIPANTS IN MARATHONS, EVENTS AND ROAD RACES OF OTHER DISTANCES CONDUCTED BY COMPETITOR GROUP INC. AND THEIR RELATED EVENTS ("EVENT") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue The Competitor Group, Inc. and its affiliated companies and charities, the host city(ies), county and state, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss (es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Competitor Group Inc., in its sole discretion, may delay or cancel the Event if it believes the conditions on the race day are unsafe. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of Competitor Group Inc. there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. The Athlete hereby grants to Lewis G. Maharam, M.D., FACSM and any other medical director of the Event, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event.

ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

SIGNATURE OF ATHLETE _____ DATE _____ SIGNATURE OF PARENT IF UNDER 18 _____ DATE _____

T-SHIRT SIZE

Brooks Technical T-shirt: (circle one)

Men's XS S M L XL XXL

Women's S M L XL

How did you hear about this event? _____

Is this your first Marathon/Half Marathon? Yes / No

Is this your first Rock 'n' Roll event? Yes / No

Wheelchair Entrant? Yes / No

FEES

Marathon (through 1/31/12) \$140 + Green Fee **\$130** ~~-\$150~~

~~Marathon (2/1/12 - 2/31/12) \$100 + Green Fee \$45~~

~~Marathon (4/1/12 - 5/27/12) \$100 + Green Fee \$45~~

1/2 Marathon (through 1/31/12) \$125 + Green Fee **\$115** ~~-\$140~~

~~1/2 Marathon (2/1/12 - 2/31/12) \$45 + Green Fee \$15~~

~~1/2 Marathon (4/1/12 - 5/27/12) \$45 + Green Fee \$15~~

For the full line of Official Race Souvenirs - Shop online @ Competitor.com

TOTAL ENCLOSED Green Fee is \$15 processing fee for paper entry forms \$ _____

MC Amex Visa Discover

Credit Card #: (please do not leave space between numbers) _____ / _____

exp. date

Signature _____

Please print name as it appears on card _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: Competitor Group, Inc. ENTRY FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.



800.311.1255

competitor.com

