

CAPITAL CITY MARATHON

MAY 20, 2012

(U.S. Funds Only Please)

- **No Day-of-Race registration, race changes only.**
- No refunds, substitutions, or carry-overs.
- For safety and insurance reasons: no dogs, no strollers, no bicycles, no roller blades, no in-line skates, and no wheeled vehicles (except registered wheelchairs). Violators may be disqualified and removed from the course by a Race Official.
- The use of personal music devices is strongly discouraged at this race. To enjoy all that our race has to offer and for the safety of all participants, the Capital City Marathon Association encourages a headphone-free environment while running any of the races.
- There are no walking categories, but walkers are welcome in the Half Marathon and Five Miler.
- Runners must be at least 16 years old to run the Marathon and at least 14 years old to run the Half Marathon.
- Marathon runners must maintain a pace of 14:30 minutes per mile (or faster) to complete the event before the course closes at 1:30 p.m. (approx. 6 1/2 hours). Runners unable to maintain a 14:30 pace should enter the Half Marathon.
- Shirts are manufactured six weeks prior to the event; therefore, we are not able to guarantee shirt sizes.
- **Runners who register Saturday, May 19 are not guaranteed a shirt.**

Mail-in entries with payment must be postmarked no later than April 15.

Online registration deadline is midnight, Tuesday, May 15.

Runners may register in person at packet pickup Saturday, May 19.

Please note: Registration fees include sales tax.

	Through March 15	Starting March 16	Starting May 14
Marathon	\$80	\$90	\$100
Half Marathon	\$65	\$75	\$85
Five Miler	\$35	\$40	\$45
Kids Run	\$10	\$10	\$10

Make Checks Payable to CCMA and Mail to:

**AA Sports, Ltd
4836 SW Western Ave
Beaverton, OR 97005**

CAPITAL CITY MARATHON

REGISTRATION FORM

Event Date: Sunday, May 20, 2012

Please Print Clearly.

Complete All Areas of the Registration Form.

Mail-in entries must be postmarked no later than April 15.

Please Note: No Confirmations / No Refunds / No Substitutions / No Day of Race Registration

Marathon **Half Marathon** **Five Miler**
___ 7:00 a.m. ___ 7:45 a.m. ___ 8:00 a.m.

Name (First/Last) _____

Address _____

City, State, Zip/Postal Code _____

Email Address _____

Phone (Day) _____ (Evening) _____

Emergency Contact: Name _____ Phone _____

DOB _____ Age on 5/20/2012 _____ Sex M___ F___ Wheelchair ___

Shirt Sizes (men & women sizes) XS ___ S___ M___ L___ XL___ XXL___

Pasta Dinner, Waterstreet Cafe, 5:00-7:00 p.m., Saturday, May 19th, \$12 per person: number of dinners _____

READ THIS!

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to falls, contact with other participants, the effects of the weather (including high heat and/or humidity), the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the cities of Olympia, Tumwater, and Lacey; Thurston County; the state of Washington; Capital City Marathon Association; Road Runners Club of America; South Sound Running; all sponsors, volunteers, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that my entry fee is nonrefundable. A parent must sign if entrant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition, and the event officials may authorize necessary emergency medical treatment. I understand that this event is RRCA sanctioned and that **dogs, strollers, bicycles, roller blades, in-line skates, and wheeled vehicles (except registered wheelchairs) are not allowed in the race. The use of personal music devices is strongly discouraged at this race.** I will abide by this guideline.

Signed (if under 18 signature of parent /guardian) _____ **Date** _____

Please complete the section below if you are entering the Marathon:

Number of Completed Marathons: _____ Number of Capital City Marathons: _____

Best Previous Marathon Time: _____ Predicted Time: _____