

CATALINA ISLAND ECO MARATHON, HALF MARATHON, 10K & KIDS RUN

November 18 **2017**

Benefiting the Catalina Island Conservancy

A portion of all proceeds will be donated back to the Conservancy.



www.catalinaecomarathon.com

RACE MANAGEMENT:

Spectrum Sports Management Inc. Tel: 909.399.3553

Fax: 909.399.9779

Email: info@spectrumsports.net



Please Print – Photocopies OK

MALL Catalina Island Eco Marathon c/o Spectrum Sports, 2058 N. Mills Ave. #454, Claremont, CA 91711. Entry fees are non-refundable and non-transferable.

Make Checks Payable to Spectrum Sports Management, Inc.

											Offic	e us	e on	ly	_
One entry per form. This form may be photocopied. Please print legibly and USE BLUE OR BLACK INK ONLY															
FIRST NAME															
LAST NAME															
BIRTH / / /		SEX M F T-SHIRT SIZE S M L												XL	
STREET ADDRESS															
CITY					STATE					ZIP					
DAY PHONE															
EMAIL ADDRESS															
EVENT Marathon Half Marathon 10K Kids Fun Run															
AGE GROUP															
□ 19 & under □ 20-24 □ 25-29 □ 30-34 □ 35-39 □ 40-44 □ 45-49															
50-54 55-59 60-64 65-69 70-74 75-79 80+															
Clydesdale (200+ lbs.) Athena (145+ lbs.)															
ENTRY FEES	Early		St	tarting 9/26/17											
MARATHON		\$110			\$135					\$					
HALF MARATHON 10K	\$90 \$35	\$90 \$35			\$110 \$45				\$ \$						
10K (youth 17 & under)		\$17.50			\$22.50					\$					
KIDS FUN RUN (10 & under)	-	\$10			\$10					\$					
TOTAL AMOUNT ENCLO	SED									\$					
☐ Visa ☐ Mastercai	rd	Ar	neric	an E	xpre	ess									
Credit Card #	Credit Card # Exp. Date														
Signature Zip Code															

WALVER In consideration of this entry acceptance, I, my heirs, executors and administers hereby waive any and all rights of claim for damages I may have against Spectrum Sports Management Inc., The Santa Catalina Island Company, the Santa Catalina Island Conservancy, Los Angeles County Parks & Recreation, City of Avalon, Avalon Lions Club, Los Angeles County Fire, and all co-sponsors, or any individual associated with the above for any and all injuries sustained by me in this event. I will additionally permit the use of my name and pictures in broadcast, telecasts, newspapers, brochures, etc. I also understand that the entry fee is non-refundable and non-transferable. I further attest and verify that I am physically fit and have sufficiently trained for competition and my physical condition has been verified by a licensed medical doctor. THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED. Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field Regulation 10 and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES.

INFORMATION REGARDING DRUGS AND DRUG TESTING MAY BE OBITAINED BY CALLING THE USOC HOTLINE AT 800-233-0393.