

2010 Inaugural Rock 'n' Roll Denver Marathon & 1/2 Marathon

October 17, 2010



register online @ runrocknroll.com



Complete Entire Form Please print neatly using capital letters.

Official Use Only

Mail completed form and fee to: Rock 'n' Roll Denver Marathon and 1/2 Marathon • Competitor Group, Inc. • 9477 Waples Street, Suite 150, San Diego, CA 92121

Name (first) _____ (last) _____

Address _____ Apt.# / Suite _____ County _____

City _____ State _____ Zip or Postal Code _____

Country _____ Phone (Day) _____ (Evening) _____

E-Mail Address _____

M F * Minimum age is 18 for the Marathon * Minimum age is 12 for the 1/2 Marathon

Birth Date _____ Estimated Finishing Time _____

M M D D Y Y
*Age divisions calculated by birth date

Hr. Min. Sec.

RELEASE AND WAIVER OF LIABILITY AGREEMENT (Must be signed) *minimum age is 12 for the Half Marathon

ALL PARTICIPANTS IN MARATHONS, EVENTS AND ROAD RACES OF OTHER DISTANCES CONDUCTED BY COMPETITOR GROUP 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 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 _____ (Signature of parent if participant is under 18 years of age) _____ Date _____

IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

Where did you hear about the Marathon? _____

Are you walking the Marathon? Yes No Is this your first Marathon? Yes No

Wheelchair entrant Yes No

Occupational Code _____ Household Income Code _____

- | | |
|-----------------------------------|--------------------------------|
| 1. Administrative/Secretarial | 15. Legal |
| 2. Artist/Graphic Artist | 16. Management |
| 3. Business Owner | 17. Marketing/Public Relations |
| 4. CEO/President | 18. Media/TV/Radio |
| 5. Education/Teacher/Professor | 19. Medical/Dental |
| 6. Engineer | 20. Military Service |
| 7. Software Engineer | 21. Nurse |
| 8. Fitness/Coach/Athlete | 22. Public Safety/Police/Fire |
| 9. Finance/Accountant/Banker | 23. Retired |
| 10. Government/Civil Service | 24. Sales |
| 11. Homemaker/Stay-at-home-parent | 25. Denver Municip. Employee |
| 12. Hotel Restaurant | 26. Science/Research |
| 13. Information Technology | 27. Student |
| 14. Investment/Stock Broker | 28. Other _____ |

Annual Income: (optional & confidential)

1. Less than \$10,000
2. \$10,001 - \$20,000
3. \$20,001 - \$30,000
4. \$30,001 - \$40,000
5. \$40,001 - \$50,000
6. \$50,001 - \$60,000
7. \$60,001 - \$70,000
8. \$70,001 - \$100,000
9. \$100,001 - \$200,000
10. Over \$200,000

Fees: Unisex Shirt Size (circle one): XS S M L XL XXL

No tax or shipping charge on entry fee.

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|--|-------|----------|
| Marathon Entry (thru 5/31/10) | \$95 | \$ _____ |
| Marathon Entry (6/1/10 - 10/10/10) | \$115 | \$ _____ |
| Marathon Entry (Expo) | \$145 | \$ _____ |
| 1/2 Marathon Entry (thru 5/31/10) | \$80 | \$ _____ |
| 1/2 Marathon Entry (6/1/10 - 10/10/10) | \$95 | \$ _____ |
| 1/2 Marathon Entry (Expo) | \$145 | \$ _____ |

TOTAL ENCLOSED Any overpayment will be donated to official race charities. \$ _____

MC Amex Visa Discover

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

Signature _____ exp. date _____

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.