2012 Mail In Registration

COLUMBIA GORGE MARATHON

Experience one of the country's most spectacular and breathtaking marathons. Begin your run on the historic Columbia River Highway with its colorful fall foliage, pass by waterfalls and enjoy amazing vistas!

OCTOBER 28, 2012

CONTACT INFORMATION

First Name: M.I. Last Name:

Address:

City: STATE: ZIP:

Phone #: ( ) - Gender: ❑ M ❑ F Date of Birth: ____/____/____

Email:

CONTACT INFORMATION for 2nd Runner in half Marathon 2 Person Team Event

First Name: M.I. Last Name:

Address:

City: STATE: ZIP:

Phone #: ( ) - Gender: ❑ M ❑ F Date of Birth: ____/____/____

Email:

RACE CATEGORY (please check)

Marathon & 2 Person Team Half:

- ☐ $90 (through April 1st)
- ☐ $95 (through October 1st)
- ☐ $100 (thereafter)

Half Marathon:

- ☐ $75 (through April 1st)
- ☐ $80 (through October 1st)
- ☐ $85 (thereafter)

Please Make Checks Payable To:

Breakaway Promotions
1641 NW Albany Ave. Bend, OR 97701
Tel: 541-400-0341

For more information, check out our website:
www.columbiagorgemarathon.com

http://www.facebook.com/cgmarathon

I know that running is a potentially hazardous activity. I should not enter the Columbia Gorge Marathon unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the event. I assume all risks associated with competing in this event including high heat and/or humidity, traffic and the conditions of the roads, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Columbia Gorge Marathon, Breakaway Promotions and all sponsors, 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 the negligence or carelessness on the part of the persons named in this waiver. Further, I grant full permission to the Columbia Gorge Marathon and/or agents authorized by them to use any names, photographs, video tapes, motion pictures, recording, or any other record of the Event for any legitimate purpose at any time. I have carefully read this waiver and understand it.

Print Name:_____ Signature of Runner:_____ Date:_____

PROVIDENCE Hood River Memorial Hospital
Breakaway Promotions
GorgeSpine & Sports Medicine Physical Therapy
ROSAUERS Supermarkets
FIT RIGHT NW the running and walking store
Evan Pilchik Photography
GU Energy Gel
Shortt Supply