



OCTOBER 13, 2012

USE THIS FORM TO REGISTER FOR:
UNDER ARMOUR MARATHON
CAREFIRST BLUECROSS BLUESHIELD HALF-MARATHON
LEGG MASON TEAM RELAY
BALTIMORE 5K
T. ROWE PRICE KIDS FUN RUN

** MARYLAND DOUBLE PARTICIPANTS SHOULD REGISTER ONLINE*

PLEASE PRINT LEGIBLY.

First Name Middle Initial Last Name Male Female

Address

City, State, Zip Country

Day Phone Evening Phone Date of Birth

E-mail Address Age on Race Day (10/13)

Emergency Contact (someone not participating in any of the races) Emergency Phone

Running for Charity Name of Official Charity Partner Expected Finish Time

Yes No

Relay Team Information

Relay Team Members
 Submit all 4 team members' forms together

Name (with middle initial)

Name (with middle initial)

Name (with middle initial)

Team Name

Team Type Mixed Male Female **Corporate Cup** Yes No

Company Name _____
At least 2 teammates must be employed by the same company or members of the same organization.

Shirt Size: XXL XL L M S Under Armour shirts will be gender specific. See website for size chart.

Carbo-Load Dinner: Each runner \$15.00 \$..... Receive a \$20 gift certificate to Phillips Seafood Restaurant or to any participating Little Italy Restaurant Assoc. locations.

TOTAL AMOUNT ENCLOSED \$..... **A \$5 Service Fee Will Be Added To Each Entry** Save \$2 & Register Online!(Only \$3 service fee online) **COUPON CODE**

Check-Payable to Baltimore Marathon MC VISA AMEX

Card No..... Exp. Date.....

Card Holder Signature..... 3-Digit Security Code

Mail to: THE BALTIMORE MARATHON, 6725 SANTA BARBARA COURT, SUITE 104, ELKRIDGE, MARYLAND 21075

--Waiver: I know that running is a potentially hazardous activity. I should not enter and run unless I am physically fit, 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 hereby certify I am in good health, and I have trained to run the distance of the race of which I am entering. I assume all risks associated with running in this event, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in considering your accepting my entry into this running event, I, for myself and anyone entitled to act on my behalf waive and release Corrigan Sports Enterprises, the Finished Product, Maryland Stadium Authority, their officials, directors, agents, volunteers, and employees, Baltimore City, Mayor and City Council, Department of Public Works, Recreation and Parks of Baltimore City, 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 negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, videos, or any other recording of this event for legitimate purpose. I understand that bicycles, skateboards, baby joggers, rollerskates or inline skates, animals and musical devices of any type are not allowed in this event and I will abide by this rule.

Signature: _____ Date: _____ (Parents signature required if participant is less than 18 years of age).

Select A Race

MARATHON

\$90 Before 4/1
 \$100 4/1-7/31
 \$110 After 7/31

HALF-MARATHON

\$80 Before 4/1
 \$90 4/1-7/31
 \$100 After 7/31

TEAM RELAY

Price per team
 PLEASE SUBMIT ALL 4 FORMS TOGETHER

\$220 Before 8/1
 \$240 4/1-7/31
 \$260 8/1 or after

5K

\$40 Before 8/1
 \$45 8/1 or after

FUN RUN

\$10

Wheelchair Athletes

Crank
 Rim

Wheelchair Division Offered Only in the Full Marathon Distance

Past Participant

Check all that apply

'01 '02 '03
 '04 '05 '06
 '07 '08 '09
 '10 '11 First BRF

Registration Fee Deadlines

Credit card entries may be faxed to 410.605.9389.

Mailed or faxed registrations must be received by Oct. 1, 2012.