



“The Last Gasp of Summer” Newport Half Marathon

Registration Form

Saturday, September 13, 2014 – 8:00a.m.

A Benefit for Oregon Coast Aquatic Park See: www.oregoncoastaquaticpark.com

Please Print Clearly – You will receive email confirmation of registration

Name: _____, _____, _____ Sex: M() F() Age on race day _____
Last First M.I.

Street _____ City _____

State/Prov _____ Zip _____ Country _____

Telephone # _____ Email : _____

½ Marathon Run () ½ Marathon Walk () 10 Mile ()

Relay Run () Relay Walk () Relay 10 Mile ()

Names/ages on Race Day of Relay Team:

_____, _____, _____, _____, _____, _____

Course map on website (see above) The Race Starts at 8:00 a.m. at Newport High School: end at Nye Beach Turnaround lot.

Send payment with registration to:	Rec'd before Sept. 5	\$40
OCAP	Rec'd after Sept. 5	\$50
354 SE 2 nd St.	Kid under 18 -	\$25
Newport, OR 97365	Relay team	\$120
Total Enclosed: \$ _____	No Refunds	

Or www.active.com Newport (Oregon) half marathon

WAIVER OF LIABILITY: In consideration of your accepting this entry. I, the undersigned, intending to be legally bound hereby, for myself, my family, my heirs. Executors, and administrators, forever waive, release and discharge any and all rights and claims for damages and causes of suit or action, known or unknown, that I may have against the Newport Half Marathon, the City of Newport, Lincoln County, Oregon State Parks and Recreation Department, and any and all political entities, Oregon Coast Aquatic Park, all independent contractors and construction firms working on or near the race course, any and all business and residential owners located on the race course, all persons working with or associated with the Newport Half Marathon including but not limited to all committee persons, organizers, race directors and volunteers and sponsors of the Half Marathon including but not limited to all committee officers, directors, employees, agents and representatives, successors, and assigns for any and all injuries suffered by me in this event. I attest that I am physically fit, am aware of the dangers and precautions that must be taken when running in warm or cold, wet or dry conditions and have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the Run/Walk event. I further assume and will pay my own medical expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expense. Further I hereby grant full permission to the Newport Half Marathon and or agents authorized by them to use any photographs, videotapes, motion pictures, recording or any other record of this event for any legitimate purpose at any time.

I HAVE READ THIS WAIVER CAREFULLY AND UNDERSTAND IT. (All relay team members need to read and sign.)

Signature: _____ Date: _____

If under 18, parents' signature: _____ Date: _____