



OFFICIAL ENTRY FORM
Race Date: Sunday, 6th December 2009
Start Time: 5:00a.m.

Register by mail before MIDNIGHT, FRIDAY, 20th NOVEMBER 2009!

Read the form carefully before completing it. Please PRINT CLEARLY and note the deadline for receiving applications. Four separate entry forms should be completed for the four person relay team members, and should be submitted with the entry fee. **Late entries** (after Nov 20th) will be accepted IN PERSON ONLY up to Saturday 5th December. **Additional fees will apply.**

1. Indicate event you are entering:

- Marathon ½ Marathon Four-Person Relay Team

Team Name: _____

REGISTRATION FEES	Marathon	Half-Marathon	4-Person Relay
January 1 to September 1	US\$75 - CI\$60	US\$50 - CI\$40	US\$160 - CI\$128
September 2 to November 11	US\$85 - CI\$68	US\$55 - CI\$44	US\$180 - CI\$144
November 12 to November 25	US\$95 - CI\$76	US\$60 - CI\$48	US\$200 - CI\$160
November 26 to December 4	US\$105 - CI\$84	US\$65 - CI\$52	US\$220 - CI\$176
December 5	US\$115 - CI\$92	US\$70 - CI\$56	US\$240 - CI\$192

Please note that there will be no day-of-race registration for any race categories.

2. First Name _____ Last Name _____ M.I. _____

3. Address _____ PO Box (if applicable) _____

City _____ State _____ Zip/Postal Code _____ Country _____

4. Email Address _____ Phone Number _____

5. Date of Birth (MM/DD/YY) _____ Age on Race Day _____ Sex _____

6. Tech Shirt Size (circle one): XS S M L XL 2XL

7. How did you hear about the Cayman Islands Marathon? _____

Make checks payable to Kelly Holding Ltd. and mail to: Cayman Islands Marathon, c/o Kelly Holding Ltd., PO Box 2712, Grand Cayman KY1-1111, CAYMAN ISLANDS.

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 Cayman Islands Marathon, Kelly Holding Ltd., the Cayman Islands Athletics Association, Ministry of Education, Portfolio of Internal & External Affairs, the Department of Tourism and all other political entities, all independent contractors and construction firms working on or near the course, all Cayman Islands Marathon Committee persons, officials and volunteers and all sponsors of the Marathon and the related Marathon events and their 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 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 Event. I further assume and will pay my own medical and emergency 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 Cayman Islands 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 further understand that there are no entry refunds, exchanges, transfers or rollovers, and that the event may be cancelled due to any of the following reasons, among others, including weather conditions, natural disasters, or threats to local and/or national security including suspected terrorist activity.

I HAVE READ THE ABOVE WAIVER CAREFULLY AND UNDERSTAND IT.

Signature _____ Date _____