

Zeitgeist Half Marathon Saturday, November 2, 2019



ENTRY OR VOLUNTEER FORM

Send a non-refundable, check payable to, and mailed to:

Zeitgeist Half Marathon
P.O. Box 140402
Garden City ID 83714-0402

- ☐ **\$52 Plain Vanilla** entry fee postmarked by Wednesday, October 10.
- ☐ **\$67 Procrastinator Special** fee postmarked after Thursday, October 11 through Friday, October 26.
- ☐ **\$87 Deluxe Day of Race** Registration.
- ☐ **I am a volunteer.** (Volunteers receive men's crew neck t-shirts)

☐ I am also including a donation
to the Kidney Institute
\$ _____

*Please make donation payable to
Zeitgeist Half Marathon. Thank you!*

Official Use Only:

Name _____

Address _____

City/State/Zip _____

Birth date ____/____/____ Age ____ ☐ Male ☐ Female
mm / dd / yy

E-Mail _____ (prefer non-business e-mail)

Telephone (home) _____

T-shirt style: ☐ Men's (crew neck) ☐ Women's (v-neck) *See zhalfmarathon.com for womens' size information.*

T-shirt size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL (XS is not available for volunteers)

WAIVER OF LIABILITY – Please read and sign

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, & administrators, forever waive, release & discharge any and all rights & claims for damages & causes of suit or action, known or unknown, that I may have against the Zeitgeist Half Marathon, Racing Unlimited, Inc., State of Idaho, Ada County Highway District, Boise City, Ada County, Boise Parks and Recreation, all independent contractors, working on or near the course, all Zeitgeist Half Marathon committee members, Officials & Volunteers, all sponsors of the Half Marathon, and related Half Marathon Events and their officers, director, agents & representatives, successors, & assigns, for any and all injuries suffered by me in this event. I attest that I am physically fit, am aware of the dangers & precautions that must be taken when running or walking in warm or cold conditions, & 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 Half Marathon. 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. I hereby grant full permission to the Zeitgeist Half Marathon and/or agents hereby 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 without compensation. I have read and understand this waiver.

Signature _____

Date _____

Parent or Guardian (if under 18) _____

Date _____

Print or type Guardian's name _____