EACH RELAY TEAM MEMBER MUST SIGN. NO RACE DAY REGISTRATION.

SECTION 1: INDIVIDUAL OR TEAM CAPTAIN

GetMeRegistered.com RACE CLEAN LIVE GREEN

I am entering: ☐ Marathon ☐ 1/2 Marathon ☐ 5K Run ☐ Prostate Cancer Walk ☐ Kids Micro Marathon

LAST NAME

FIRST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

SEX M F

AGE

BIRTHDATE

EMAIL

WOMEN'S SHIRT SIZES XS S M L XL 2XL

MEN'S SHIRT SIZES XS S M L XL 2XL

KID'S SHIRT SIZES YS YM XS S M L XL

RELEASE

I understand that my consent to these provisions is given in consideration for being permitted to participate in this event. I am in adequate physical condition to participate in this event. The race administrators may remove me from the race if they believe my health to be endangered. I agree that I will not sue, or otherwise hold responsible, the Quad Cities Marathon and any affiliated individuals, or any race sponsor and their employees. If I do not follow all the rules of this event, I understand that I may be removed from competition. I give my permission to use any photographs, videotapes or other recordings of me that are made during the course of this event.

X_____
Applicant Signature Date

X_____
Parent/Guardian Signature (if under 18) Date

☐ Non-Profit Challenge

Organization name

☐ Corporate Challenge

Corporation/Business name

☐ 75+ employees ☐ 74 employees or less

Marathon (thru 9/11)	$65_____	The Walk (thru 9/11)	$20_____
Marathon (thru 9/25)	$70_____	The Walk (thru 9/25)	$25_____
Half Marathon (thru 9/11)	$35_____	5-Person Relay (thru 9/11)	$125_____
Half Marathon (thru 9/25)	$40_____	5-Person Relay (thru 9/18)	$150_____
5K (thru 9/11)	$25_____	5-Person Relay (on 9/25)	$175_____
5K (thru 9/25)	$30_____		
Kid's Micro Marathon (thru 9/18)	$10_____		
Kid's Micro Marathon (thru 9/25)	$15_____		

I wish to donate this amount to Us Too! Prostate Cancer Organization $ _____

Credit Card: ☐ Mastercard ☐ Visa Card Number _____

Expiration date: _____ 3 Digit Security Code: _____

Complete and mail entry form and check or money order made payable to "QCM".

NON-REFUNDABLE/NON-TRANSFERABLE

MAIL TO
Quad Cities Marathon
c/o THE National Bank
P.O. Box 1030
Bettendorf, IA 52722

For Office Use Only ☐ Check # _____ Check Amount _____

☐ Credit Card: ☐ Mastercard ☐ Visa Card Number _____

☐ Cash Amount _____ ☐ Us Too Amount _____

ALL APPLICATIONS MUST BE SIGNED. UNSIGNED WAIVERS WILL NOT BE PROCESSED.

SECTION 2: 5-PERSON RELAY

Division:

☐ Open Male ☐ Open Female ☐ Open Mixed ☐ Masters Male (40+)
☐ Masters Female (40+) ☐ Masters Mixed (40+) ☐ Corporate Challenge

TEAM NAME

TEAM MEMBER 2

LAST NAME FIRST NAME

ADDRESS

CITY STATE ZIP

PHONE SEX (M F) AGE

EMAIL

XS S M L XL 2XL
WOMENS SHIRT SIZES

XS S M L XL 2XL
MENS SHIRT SIZES

Team Member #2 - I have read release and agree to its terms. X_____

TEAM MEMBER 3

LAST NAME FIRST NAME

ADDRESS

CITY STATE ZIP

PHONE SEX (M F) AGE

EMAIL

XS S M L XL 2XL
WOMENS SHIRT SIZES

XS S M L XL 2XL
MENS SHIRT SIZES

Team Member #3 - I have read release and agree to its terms. X_____

TEAM MEMBER 4

LAST NAME FIRST NAME

ADDRESS

CITY STATE ZIP

PHONE SEX (M F) AGE

EMAIL

XS S M L XL 2XL
WOMENS SHIRT SIZES

XS S M L XL 2XL
MENS SHIRT SIZES

Team Member #4 - I have read release and agree to its terms. X_____

TEAM MEMBER 5

LAST NAME FIRST NAME

ADDRESS

CITY STATE ZIP

PHONE SEX (M F) AGE

EMAIL

XS S M L XL 2XL
WOMENS SHIRT SIZES

XS S M L XL 2XL
MENS SHIRT SIZES

Team Member #5 - I have read release and agree to its terms. X_____