

## SUNDAY, April 7th 2019- www.towpathtrilogy.com

Release: In consideration of your acceptance of this entry, I/we hereby, for myself, my heirs, executors, and administrators, waive, release and discharge Canalway Partners, Cleveland Metroparks and any additional hosts or sponsors of the Towpath Half Marathon and any agent, representative, or employee of the preceding, from any and all claims, demands or causes of action. I/we agree to indemnify and hold each of them harmless for any and all injuries suffered or alleged to be suffered in connection with such event. I/we acknowledge the awareness of the complete assumption of responsibility for the risks involved in this event, and I/we understand the terms of this release. I/we am/are physically fit and have trained sufficiently to compete in this event. I hereby grant full permission to any or all of the foregoing to use any photographs, videotapes, motion pictures, recordings and/or other record of this event for any legitimate purpose. All race entries are non-refundable. The race director reserves the right to refuse entries. As a result of signing this mail in registration you are obligated to be aware of all race rules and regulations listed under the FAQ section of our website www.towpathtrilogy.com

First Name	Last Name	
Street	City	State Zip
Day Phone	_ Evening Phone Em	nail
Initialize Here	Date	Sex Age
Shirt Size: <b>check</b> :(Men's) S		n's) S M L XL XXL
Please note there is a \$2.00 a	dditional charge for XXL	
Date of Birth	Age on Race Day	WALKER (Y or N)
the age of 13 yrs for the half of	· · · · · · · · · · · · · · · · · · ·	. We do not accept entries for persons underDate
RACE	LENGTH AND ENTRY FEE: (please cir	cle amount of payment)
Half Marathon 355 -2/1	\$65 - 2/2- 3/1 \$75- 3/2 - 4/5	\$85 race day
<b>5 -Miler</b> \$30 -2/1	\$35 - 2/2 - 3/1 \$40- 3/2 - 4/5	\$45 race day
<b>3 -Miler</b> \$25- 2/1	\$30 - 2/2 - 3/1 \$35- 3/2 - 4/5	\$40 race day
Mail my Bib: Yes (ad	dd \$10) BIB MAIL OUT DEADLINE 3/18,	/2019
PAYMENT: (check one)C	heck*MasterCard*Visa	*AmEx*Discover Cash
Credit Card Number	Ex	xp Date3 digit code
Print Name on Account		
Signature		

Please make checks payable to Canalway Partners and mail to:

Canalway Partners / PO Box 609420, Cleveland, Ohio 44109 Phone: 216-520-1825 Fax: 216-520-1833