

INSTRUCTIONS:

1. Use the Print command to print this page.
2. Mail completed form and entry fees to the address at the bottom of the page.

Thank you for your interest in registering a Relay Team in the GoodLife Fitness Toronto Marathon in support of the Princess Margaret Hospital Foundation. Relay Teams are composed of up to 8 runners, each of whom cover approximately 5K of the course. A trophy will be awarded to the top Relay Team.

This is a marathon relay run. No Walkers Allowed. The course will be opened to traffic at a 10 minute per mile pace.

TORONTO MARATHON FINAL INSTRUCTIONS – PLEASE VISIT <http://www.torontomarathon.com/instructions.shtml>

ENTRY FEES (PER TEAM):

	BEFORE JAN 31/2012	AFTER JAN 31/2012
Corporate Team	\$400	\$600
Non-Profit Team	\$300	\$300
Repeat Team	\$300	\$300



Race Date: Sunday May 6, 2012

Additional relay teams may enter at a reduced cost of \$300/team. Corporate relay teams will receive a technical running shirt. Not for Profit teams will receive the official Toronto Marathon Cotton Shirt.

Do Not Fax Entry Forms – We must have signed originals only.

**Please make cheques/money orders payable in Canadian Funds (foreign entrants in U.S. funds only) to:
Running First Ltd., 1 Yorkdale Road, Suite 202, Toronto, ON M6A 3A1
If written confirmation is required please include a stamped self-addressed envelope.
By including your email address above, an electronic confirmation will be emailed to you upon receipt.**

RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant, competitor or volunteer in the GoodLife Fitness Toronto Marathon and any or all of the following events: the Half-Marathon, Relay, 5K, Post-Race Activities on Sunday May 6th, 2012 and any other 2012 GoodLife Fitness Toronto Marathon activities that take place prior to or after the event, including the use of my photograph/picture for marathon promotional purposes. I, for myself my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the City of Toronto, The Toronto Board of Commissioners of Police, The Toronto Police, The Toronto Auxiliary Police Force, The Chief of Police, The Toronto Transit Commission, The Ministry of Transportation of Ontario, The Ontario Track and Field Association, Athletics Canada, Sidan Traffic Control Services, GoodLife Fitness, Princess Margaret Hospital, University Hospital Network, and their volunteers and employees, All sponsors and contributors, Running First Ltd., Jay Glassman, The GoodLife Fitness Toronto Marathon Organizing Committee, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor, volunteer or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connected with, my participation in the said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY I WARRANT that I am physically fit to participate in this event.

general information

PLEASE CHECK ONE: Corporate Team Not For Profit Team

Company/Organization Name: _____

Team Name (if different from above): _____

Address: _____ **City:** _____ **Province/State:** _____

Postal/ZIP Code: _____ **Country:** _____

Day Phone Number: _____ **Email Address:** _____

team captain information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL

runner #2 information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL

runner #3 information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL

runner #4 information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL

runner #5 information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL

runner #6 information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL

runner #7 information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL

runner #8 information

Name: _____
PLEASE PRINT

Sex: T-Shirt Size:

Age: _____ Medical Conditions: _____

M S M

Signature: _____

F L XL