

The 2012 Official Buffalo Marathon and Half Marathon Application

LAST NAME												FIRST NAME												M.I.	
NUMBER AND STREET																		PSN/BIB							
TOWN/ CITY												STATE/ PROV.			ZIP/ POSTAL CODE						chip code RACE USE ONLY				
SEX		AGE <i>(day of race)</i>		/ /		()		Phone Number						E-mail address						Predicted Finishing Time					

Early Entry Fee: Through May 1
 Marathon: \$75 Half Marathon: \$45
 Relay Team: \$100

Late Entry Fee: May 28 at the expo
 Marathon: \$100 Half Marathon: \$60
 Relay Team: \$140

Check which event you're entering

- Marathon Half Marathon
 Relay Team

Entry Fee: May 2 - May 25
 Marathon: \$85 Half Marathon: \$50
 Relay Team: \$120

Late Entry Fee: Day of race
 Marathon: \$110 Half Marathon: \$70
 Relay Team: \$150

I will be attending the pasta dinner, and plan on bringing _____ additional guests at a cost of \$5 each.

No Refunds. No confirmation letters will be mailed.
 There is no limit on the field and registrations will be accepted until 6:30 a.m. on race day, May 27, 2012.

Checks or money orders should be payable and mailed to:
 Buffalo Marathon
 3172 Sweet Home Road
 Amherst, New York 14228



Buffalo Marathon Unisex Shirt Size:
 (Please check one)

X-Small Small Medium
 Large X-L XX-L

Waiver must be signed for entry acceptance:

In registering for the Buffalo Marathon I state that I fully understand and assume the risk and responsibility for participating on a course with vehicular traffic, even when the course is policed, and for training to an appropriate level of fitness to participate in such a physically demanding event. I hereby state that I am fit to participate. I also waive all claims for myself, and for anyone acting on my behalf, against any and all sponsors of the Buffalo Marathon for damages that might result from my participation therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials to expedite such treatment.

 Entrant/Parent Signature (if under 18, please note the minimum age is at least 16 on race day)

Finish line provided by WNY Finish Line Services. Computerized Results provided by Score This!!!

The Buffalo Marathon Relay Team Application

Each relay team member must complete an application and sign the waiver above.
 There will be one packet per relay team (not four).

Divisions - Please check the appropriate category.

- | | |
|---|--|
| <input type="checkbox"/> All male - Open (any age) | <input type="checkbox"/> Co-ed - Open (any male/female combination) |
| <input type="checkbox"/> All male - Masters (all 40+) | <input type="checkbox"/> Co-ed - Master (any male/female combination, all 40+) |
| <input type="checkbox"/> All female - Open (any age) | <input type="checkbox"/> Corporate - (any combination of age/sex) |
| <input type="checkbox"/> All female - Masters (all 40+) | <input type="checkbox"/> Military - (any combination of armed forces, active or veteran) |

All relay teams must be submitted together with the entire team fee.

Relay team name _____

Relay team member names

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |