

2004 Providence Half Marathon

Sunday, September 26, 2004

	Thru 5/19/04	5/20/04 - 9/1/04	9/2/04 - 9/24/04	Race Weekend
Half Marathon	\$30	\$40	\$50	\$60

Last Name: First Name:

Address: City:

State: Zip: Sex: M / F

Date of Birth: Age on Race Day (9/26/04):

Citizenship: Phone: ()

Do you own a ChampionChip? : Yes / No Email:

If Yes Please provide chip #: Team:

T-shirt size: (circle one) S M L XL

Note: Individuals running for a team can enter separately but team declarations must be submitted by September 10 in writing.

Please Check if you are a:

- Rhode Island State Trooper Rhode Island Police Officer
 Rhode Island Firefighter

Waiver:

In consideration of your accepting this entry, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Providence Half Marathon Inc., the race directors, the City of Providence RI and other sponsors and each of their directors, officers, employees, agents, and representatives for any and all injuries, damages and/or claims of any description which might arise out of the 2004 Providence Half Marathon and all activities in any way connected therewith. I attest that I am physically fit and have sufficiently trained for competition in this 13.1-mile event.

I have read and agree with the above registration terms.

Signature (Parent or Guardian if under 18 years of Age)

Date

MAKE CHECKS PAYABLE TO: (checks are non-refundable)

Providence Half Marathon

PO Box 40718

Providence, RI 02940