



2024 Prince Edward Island Marathon

2K Wheelchair Registration Form

Name: _____

Date of Birth: ____/____/____ (DD/MM/YY)

Identification: _____ (Man, Woman, Non-Binary/Gender Fluid, prefer to not disclose)

Address: _____

City: _____

Prov./State: _____ Postal/ Zip Code: _____

Phone: (____) _____

Email: _____

Free Long Sleeve: Please choose style and size.

Shirt Style: Male Female **Shirt Size:** XS (Ladies Size Only) S M L XL XXL

Size is for ordering purposes only. T-shirts first come, first serve. Sizes are not guaranteed. See sizing chart on website.

Medical Information/ Medications Used: _____

WAIVER:

I recognize and understand the risks associated in the Full Marathon or Half Marathon or 16KM or 10KM race or 5KM race. I hereby affirm that I have trained for and am physically capable of completing the Prince Edward Island Marathon Inc, such races being conducted under the auspices of the Prince Edward Island Marathon Inc organization, a registered not-for-profit entity in the Province of Prince Edward Island. I consent to receive medical treatment, which may be advisable in the event of illness or injury suffered by me during this event. I agree to comply with the rules, regulations and instructions of the Prince Edward Island Marathon Inc, and in consideration of acceptance of this entry by the Prince Edward Island Marathon Inc, I, for myself and anyone entitled to act on my behalf, waive and release any and all claims for injuries or damages I have against the Prince Edward Island Marathon Inc, its directors and employees, any and all municipalities associated with the event, the province of Prince Edward Island, race volunteers, sponsors and/or their agents and representatives, caused by the negligence of any of them arising out of my participation in this event, including pre and post-race events. *In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.* I hereby agree that all photographs, video or any images taken by the employees, directors, representatives or agents of the Prince Edward Island Marathon Inc are property of the Prince Edward Island Marathon Inc organization and may be used without the permission of the

Signature to Accept Waiver: _____

Signature of parent/guardian if under 18: _____ **Date:** _____