



2009 WhistleStop Website Registration Form

First _____ M.I. _____ Last _____ Male Female

Age on 10/10/09 _____ Date of Birth _____ Are you a resident of Ashland County? _____

Event: Full Half How many WhistleStops have you completed _____?
(either race)

The Ultimate WhistleStop Finisher Shirt Size: P-Small Small Medium Large X-large XX-Large
(shirt sizes will not be guaranteed after 10/03/2009)

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail address _____

Full & Half Marathon \$60.00 if postmarked by 7/01/09
\$65.00 if postmarked between 7/02/09-8/17/09
\$75.00 if registered after 8/17/09 \$ _____
(no race day registration)

Discount (only one discount per runner see box below) \$ _____

Total \$ _____

Check here to receive information on being a Charity Runner

\$5.00 Discount Available to Finishers/Members of select races & various running clubs.
Club members send photocopy of membership card.
Please visit our website for more information www.whistlestopmarathon.com
Only one discount per runner.
 Grandma's, Journeys, Paavo, Green Bay Ashland/Bayfield County Resident Club Member (see registration discounts)

Waiver & Release from Liability

Warning: Participating in the WhistleStop Marathon & Half Marathon can be a serious threat to health of individuals who are not in excellent physical condition. For, and in consideration of, my participation in the WhistleStop Marathon & Half Marathon, I myself, my executors, administration, heirs, and assignees do hereby release and discharge the Tri-County Corridor Commission, Town of Pilsen, Tri-Lakes Timber Campground, Township of Iron River, Chequamegon National Forest, Ashland County, Bayfield County, City of Ashland, Ashland Chamber of Commerce and all sponsors, agencies, subsidiaries, affiliates and beneficiaries jointly and severally and hold and waive harmless from and against any and all actions, claims, injuries, demands, liabilities, loss damage or expenses or whatever kind and nature including, but not to limit to, attorney fees which at any time may be incurred by reason of my participation in or my preparation for any of the afore said events. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in WhistleStop Marathon & Half-Marathon, I require medical attention, I hereby give my consent to authorized medical personnel of WhistleStop Marathon to provide such medical care as it is deemed necessary by such authorized personnel. The undersigned grant full permission to any and all foregoing use to his/her likeness, including photographs and videotape for publicity and advertising purposes without compensation.

Signature _____ Date _____

Parent's Signature if under 18 _____ Date _____

Please Mail to: WhistleStop Marathon P O Box 746 Ashland, WI 54806