



# 2024 Tamarack Health WhistleStop Marathon/Half-Marathon IN-PERSON Registration Form

October 12, 2024

REGISTRATION CLOSES October 4, 2024

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  Male  Female  Non-Binary Event:  Full  Half

Age on 10/12/24 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Are you a resident of Ashland /Bayfield County? \_\_\_\_\_

The Ultimate WhistleStop Finisher Shirt (men's & women's sizing) (sizes not guaranteed)

Size:  P-Small (women only)  Small  Medium  Large  X-large  XX-Large

How many WhistleStops have you completed? \_\_\_\_\_ (either race) Are you a U.S. Veteran? \_\_\_\_\_

Is this your FIRST EVER Half or Full Marathon? \_\_\_\_\_ (not your first WhistleSop) Is this your 50th Marathon? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Full Marathon & Half-Marathon Fees:

\$89 + 5.5% tax = \$93.89 if postmarked by 04/26/24

\$99 + 5.5% tax = \$104.44 if postmarked between 4/27/24-7/05/24

\$109 + 5.5% tax = \$114.99 if postmarked after 7/05/24 until registration closes 10/04/24

Total registration fee enclosed

\$ \_\_\_\_\_

Registration fee is non-refundable .

### Entry fees are not refundable.

It is the primary goal of the WhistleStop Marathon to ensure a safe event for all involved. We will not expose participants or the community as a whole to undue risk as a result of staging our event. There may be times when we feel it is unsafe to continue with the race(s). While we recognize the aspirations and commitment of those that have entered the race(s), we will make decisions about the race(s) based on the participation population as a whole. Furthermore, if the community resources are threatened we will act to protect them from unnecessary stress.

Specifically, when pandemics, weather, or other physical conditions present a danger to participants as a whole, we maintain the right to cancel the race(s). Less threatening conditions could result in an alteration of the course or race length to promote a more safe result for the participants. These conditions will be recognized as "an act of God" and will not result in the refunding of race entry fees or future race credits. The staging of a race of this magnitude results in substantial expense prior to the actual race itself. Thus, in the event of a forced cancellation of the event, it is very likely that the financial impact on the race would not be any different than if the race was held without compromise. We will not defer registrants to 2025.



**Registration includes:**  
Complimentary Pasta Feed ticket  
Complimentary Shuttle Service to Start  
Custom Finisher's Medal  
Ultimate WhistleStop Finisher's Shirt  
Full Service Aid Stations  
Finish Line Food

## 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 Timbers 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 limited 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 make check payable & mail to: Tamarack Health WhistleStop Marathon P O Box 746 Ashland, WI 54806