



2023 Memorial Medical Center WhistleStop Marathon/Half-Marathon IN-PERSON Registration Form

October 14, 2023

In-Person REGISTRATION CLOSES October 6, 2023

First _____ M.I. _____ Last _____ Male Female **Event:** Full Half

Age on 10/14/23 _____ Date of Birth _____ Are you a resident of Ashland /Bayfield County? _____

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 WS) Is this your 50th Marathon? _____

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

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

E-mail address _____

Emergency Contact Name _____ Relationship _____

Phone Number _____

Full Marathon & Half-Marathon Fees:

\$79 + 5.5% tax = \$83.34 if postmarked by 04/29/23

\$89 + 5.5% tax = \$93.89 if postmarked between 4/30/23-7/06/23

\$99 + 5.5% tax = \$104.44 if postmarked after 7/06/23 until **registration closes 10/06/23**

Total registration fee enclosed

\$ _____

Registration fee is non-refundable .



Registration includes:
Complimentary Shuttle Service to Start Line
Custom **Finisher's** Medal
The 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: MMC WhistleStop Marathon P O Box 746 Ashland, WI 54806