



2023 Memorial Medical Center WhistleStop Marathon/Half-Marathon VIRTUAL Registration Form Virtual REGISTRATION CLOSES September 29, 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