



**Partners-in-Training Registration Form
Mercedes Marathon and Half-Marathon
February 10, 2008**

Name: _____

Home Address _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Sex: ___ M ___ F Birthdate: _____

Employer: _____ Position/title: _____

Company Address: _____

Medical Insurance Company: _____

Insurance Contract a/o Group Number(s): _____

In case of emergency, please notify: _____

Emergency Contact: Home Phone _____ Work Phone _____

Shirt size: ___ S ___ M ___ L ___ XL

I will be training to: ___ walk ___ run
___ half ___ full ___ relay

Referred by: _____

I understand that I will be training and participating in the name of an honored child who will be selected for me.

Participant's signature: _____

Return this completed form with your check for \$100 payable to The Bell Center for Early Intervention Programs, attention Jeannie Colquett, 1700 29th Court South, Birmingham, AL 35209.

Liability Release

I, _____, understand and agree that I am voluntarily participating in the Mercedes Marathon and Half Marathon/Bell Center Partners in Training at my own risk. I acknowledge that I am aware of all of the risks inherent in this event and certify that I am physically fit and have not been otherwise informed by any physician and now of no restrictions imposed on myself by a physician that would in any way prevent me from actively participating in this event.

I, on behalf of myself, my successors in interest, heirs and representatives, hereby fully release and agree to hold harmless The Bell Center for Early Intervention Programs, The Service Guild of Birmingham and their affiliates, their Officers, their Board of Directors, sponsors agents, employees and representatives, successors and entities (be they individuals or organizations, singly and collectively), together with their insurers, of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the following, death, bodily injury, property damage or any other loss or inconvenience whatsoever, suffered by myself at any time hereafter occurring as a result of my voluntary participation in this event.

Printed name of participant: _____

Signature of participant: _____

Date: _____