



2012 Registration Fee:

Regular (before May 1) \$15

Late (May 1-16) \$20

Very Late (after May 16) \$25



Pasta Village Tickets: \$17.50
\$7.50 for ages 15 or under.

Let us know how many tickets you need and add the total to your payment.

____ x \$17.50 ____ x \$7.50

Pre-paid Pasta Village tickets will be included in your Race Kit package. See website for Kit pick up information.

Payment

Cheques should be made payable to Blue Nose International Marathon and mailed to the address above, post-marked no later than May 1, 2012. Faxed or online registration must be received by 5pm Atlantic time on Wednesday, May 16, 2012. Thereafter, registration is only possible at the GoodLife FITNESS Expo on May 18-19. No race registration is available Saturday, May 19, 2012. Prices inclusive of HST (#88888 5100 RT000).

No Sweat Registration

A confirmed and paid registration can be cancelled for any reason up to midnight Atlantic time Sunday, May 13, 2012 and carried forward to the 2013 race year. Registration cannot be refunded or transferred.

2012 DOCTORS NOVA SCOTIA YOUTH RUN REGISTRATION FORM

This event is recommended for Youth aged 15 years and under. For full details and training tips, visit our website bluenosemarathon.com. Parents/guardians must check that all information on the registration form is correct, and indicate their acceptance of the waiver.

PERSONAL INFORMATION

*asterisks indicate required information

First Name* : _____ Last Name* : _____

Gender: Male / Female School* : _____ Grade* : _____

Address* : _____

City* : _____ Prov* : _____ Postal Code* : _____

Phone (day): _____ Phone (eve): _____ Year of Birth* : _____

Email* : _____

Are you in running program?* : _____ Is it the Doctors Nova Scotia Kid's Run Club? _____

Shirt Size (Youth Sizing): S M L XL (Adult Sizing) L XL

Registrations confirmed by May 1 will qualify to receive an Official Event T-Shirt at the time of Kit Pick Up. Registrations received after May 1 are NOT guaranteed to receive a T-Shirt for Blue Nose Weekend. Note, we can't guarantee your size but we'll do our best.

Is this your first time participating in the Scotiabank Blue Nose Marathon? Yes No

May we display your name in the event's confirmation list?: Yes No

In addition to the required event updates, may we send you promotional communications from the Event and its sponsor partners?: Yes No

Medical Information/Medications Used* : _____

PARENT/GUARDIAN INFORMATION

First Name* : _____ Last Name* : _____

Relationship to participant: _____

Phone: _____ Cell: _____

Email (preferred address for updates and information): _____

My payment is \$[†] _____ I wish to pay by Visa Mastercard Cheque (enclosed)

Card No.: _____ Expiry: _____

Signature: _____

[†]Include Pasta Village ticket(s) in total.

YOUTH RUN WAIVER: The conditions in the following waiver must be accepted by a Parent or legal Guardian, through selecting the "I accept" box below. This document will affect your and your child's legal rights. Please read carefully before accepting. I, as Parent/Guardian of my child, recognize and understand the risks associated by my child participating in the Youth Run. I hereby affirm my child has trained for and is physically capable of completing the Youth Run, such race being conducted under the auspices of the Halifax International Marathon Society, a registered not-for-profit entity in the Province of Nova Scotia. I consent for my child to receive medical treatment that may be advisable in the event of illness or injury suffered by him/her during this event. My child and I agree to comply with rules, regulations and instructions of the Scotiabank Blue Nose Marathon and in consideration of acceptance of this entry by the Scotiabank Blue Nose Marathon, my child, for himself/herself, his or her estate, heirs or assigns, anyone entitled to act on his/her behalf, and I, as his/her Parent/Guardian waive and release any and all claims for injuries or damages my child has against the Scotiabank Blue Nose Marathon, its directors and employees, any and all municipalities associated with the event, the province of Nova Scotia, Trade Centre Limited, race volunteers, sponsors and/or their agents and representatives, caused by the negligence of any of them arising out of my child's participation in this event, including pre and post race events. I hereby agree that all photographs, video or any images taken by the employees, directors, representatives or agents of the Scotiabank Blue Nose Marathon are the property of the Halifax International Marathon Society and may be used without permission of the photographed person. I have read and fully understand the terms and conditions of this waiver.

I, _____ of _____ accept the conditions of my child's participation in the Doctors Nova Scotia Youth Run. Date: _____



KIDS' RUN CLUB