



Saturday, August 7, 2010

Online registration: www.salinasvalleyhalfmarathon.org

Mail Registration: Send completed form including signed waiver to:
Salinas Valley Half Marathon
c/o On Your Mark Events
P.O. Box 1199
Arnold, CA 95223-1199

Salinas Valley Half Marathon

The course begins at the historic Soledad Mission, and takes runners slightly south, then west toward the Santa Lucia mountains—well known for the vineyards of wine grapes used to produce award-winning pinot noir, chardonnay and syrah—before turning north along the base of the mountains and winding over gently rolling hills to the west of the Salinas River. On this relatively flat and extremely scenic course, runners will breathe the cool, coastal air from the Monterey Bay as they pass fields of verdant row crops and vineyards, before crossing an idyllic finish line among the vines at Pessagno Winery. The process of USATF Certification has been started, and the course will be certified by race day.

Register Early to Save

\$55 through May 31, 2010
\$65 June 1, 2010 and after

Registration closes Wednesday, August 4, 2010 at 11:59 PM
Race-day registration opens at 6:30 AM
Race start time is 8:00 AM

Entry Fee Includes:

- Transportation to/from race start and finish
- Goody bag of samples and special offers from sponsors, partners, exhibitors and businesses
- Long sleeved technical running shirt with colorful Salinas Valley Half Marathon logo
- Access to scenic USATF certified course
- Artful finishers medal
- Awards for overall top 3 finishers, for top 3 men and women in age groups, and for largest team
- Discounted entry to Monterey County Vintners & Growers Winemakers' Celebration

Packet Pickup

Runners may choose to have their bib mailed or to pick it up at the starting line area on race day. Goodie bags and t-shirts will be available to all registered participants after the race at the expo.

Parking & Busing

Parking will be available at Soledad High School, from where runners will be bused to the starting line at no cost. Buses will leave the Soledad High School parking lot (only a 5 minute ride to the Mission) beginning at 6:15 AM, and the last bus will leave for the starting line at 7:20 AM. **There is no available parking at the starting line area.** After the race, runners will be bused back to the high school from the finish/expo at Pessagno Winery.

Runners may also choose to be dropped off near the start and picked up at Pessagno Winery after the race; however this may not be as convenient. Roads around the Mission will be closed to traffic race morning, and those that are open may be restricted. Runners that are dropped off near the Mission should expect to walk some distance to the start. While the race is in progress until 11:00 AM, Pessagno Winery will only be accessible by River Road from the north, and parking at Pessagno will be limited.

Sweats will be transported from the Soledad Mission start to the finish at Pessagno Winery.

Race Policy

Entries are non-refundable and non-transferable. For food safety reasons, absolutely NO PETS will be allowed whatsoever, neither at the start, finish nor along the course. No wheels or baby strollers. Entry is limited to those age 16 and over. A finishing time limit of 3 hours will be enforced.

Donations

Additional donations to the Salinas Valley Half Marathon benefit Salinas Valley charities that support health and wellness. Salinas Valley Half Marathon is a 501(c)(3) charitable organization.

Complete Form on Next Page to Register by Mail
Online registration: www.salinasvalleyhalfmarathon.org

Salinas Valley Half Marathon - Registration Form

Mail completed form to: Salinas Valley Half Marathon, c/o On Your Mark Events, P.O. Box 1199, Arnold, CA 95223-1199

Athlete Information (* indicates required information) **PLEASE PRINT CLEARLY**

First Name: * _____
Middle Name: _____
Last Name: * _____
Gender: * _____ Male _____ Female
Age (race day)* _____ Birth date* _____ / _____ / _____
Email: _____
Day Phone: * (_____) _____ - _____
Evening Phone: (_____) _____ - _____
Address Line 1: * _____
Address Line 2: _____
City: * _____
State * _____
Zip * _____

T-shirt size? Circle one. * (long sleeved technical shirt) Small Medium Large X-Large XX-Large
Would you like your bib mailed or pick-up race day? * Mailed Pick Up on Race Day
Are you participating as a team member? Circle one. No Yes Team Name: _____
Emergency Contact * (first and last name of contact) _____
What is their phone number * (please include area code) (_____) _____ - _____

FEES:
\$ _____ \$55 through May 31, 2010
\$ _____ \$65 June 1, 2010 and after (Registration closes Wednesday, August 4, 2010 at 11:59 PM)
\$ _____ Additional donation to Salinas Valley Half Marathon. 501(c)(3) charitable organization. Donations benefit
 Salinas Valley charities that support health and wellness.
\$ _____ TOTAL AMOUNT

Check or Money Order enclosed made payable to Salinas Valley Half Marathon
(For Credit Card Use – Please register Online at <http://www.active.com/explorer/index.cfm?eventId=1819929>)

WAIVER: (Must be signed)

ALL PARTICIPANTS IN MARATHONS, EVENTS AND ROAD RACES OF OTHER DISTANCES CONDUCTED BY SALINAS VALLEY HALF MARATHON PROMOTIONS AND THEIR RELATED EVENTS ("EVENT") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue Salinas Valley Half Marathon Promotions, its affiliated corporations and charities, the host city(ies), county and state, USATF, any and all municipal agencies whose property and/or personnel are used or in any way assist, all partnering, sponsoring or co-sponsoring companies or individuals related to the Event together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Salinas Valley Half Marathon Promotions, in its sole discretion, may delay or cancel the Event if it believes the conditions on the race day are unsafe. In the event the Event is delayed or canceled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of Salinas Valley Half Marathon Promotions there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. The Athlete hereby grants to the medical director(s) of the Event and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's medical condition becomes such that the Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

Signature of Athlete

Date

IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

Signature of parent/guardian if Athlete is under 18 years

Date