Mt. Marathon Race Waiver Form

ALL COMPLETED WAIVER APPLICATIONS MUST BE RECEIVED BY SEPTEMBER 30th of race year

All Applicants are responsible for reviewing the race rules online at www.seward.com

Waivers

Registered runners that have not attained veteran status and are unable to run the Mount Marathon race must request a waiver. Requests must be submitted in writing to the Seward Chamber of Commerce by September 30th of the race year. Requests for medical waiver will be honored, but must include a physician's statement verifying an individual's inability to run the race. Waivers for personal, but non-medical, reasons will be considered by The Race Committee, but may not be granted.

Individuals that already know during the application period that they will not be able to run the race must still apply for the race, pay their entry fee, and be selected as a runner prior to requesting a waiver. Waivers will not be granted to individuals that failed to apply for the race by the March 31 deadline.

Personal Data:

Name: _____
First Middle Last

Have you run the race under previous name/s (please list names): _____

Gender: M F **Birthdate:** _____ **Race Division:** _____

Email Address: _____

Phone Numbers: ( ) - ( ) -
Day Evening

Mailing Address: _____ **New?** ☐

_____

Running History:

Have you completed the Mt. Marathon Race in prior years? **Yes** ☐ **No** ☐

How many years have you finished the Mt. Marathon Race? _____ **years**

Briefly describe your Mt. Marathon Race history: _____

_____

_____

_____

Waiver Application:

Reason for waiver request for this year's race? **Medical** ☐ **Military** ☐ **Other** ☐

Medical and Military Waivers MUST be accompanied by supporting paperwork signed by a Licensed Medical Provider or Deployment Orders.

If you are requesting a waiver for a non-medical or non-military reason, please attach a one-page letter of request addressed to the Seward Chamber of Commerce. Appropriate supporting documentations may be included. Your complete waiver application must not exceed 4 pages.

Additional Paperwork Attached **Yes** ☐ **No** ☐ _____ **# Pages**

Office Use Only: Waiver received date:_____ Approved ☐ Declined ☐ Signed:_____

Seward Chamber of Commerce ~ PO BOX 749, Seward, AK 99664 ~ 907-224-8051 ~ events@seward.net