



**HALF MARATHON \$60 Until July 1, 2008 - \$70 until August 1, 2008**

Entry form must be received on or before August 1, 2008

FIRST NAME \_\_\_\_\_ LAST \_\_\_\_\_

SEX: F M (circle one) BIRTH DATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/PROV \_\_\_\_\_ ZIP/POSTAL \_\_\_\_\_ COUNTRY \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

T-SHIRT SIZE: S M L XL XXL (circle one)

I AGREE TO PAY \$30 FOR UNRETURNED/LOST CHAMPIONCHIP® \_\_\_\_\_ (please initial)

CHAMPIONCHIP # (for Chip owners) \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING.**

In consideration of the entry, I hereby for myself, heirs, executors and administrators, waive any and all claims I may have for damages against John Bingham Racing, LLC, Chicago Distance Classic Half Marathon, LLC, City of Chicago, the Chicago Park District, any and all city and event sponsors and individuals associated with this event, their representatives, successors, and assigns for any and all injuries suffered by me in connection with this event, including pre and post race activities. I have been warned that I must be in good health to participate in the event and I attest and verify that I am physically fit and have trained sufficiently for this event. I hereby grant permission to John Bingham Racing, Capital City Half Marathon and its authorized agents to use my name and photographs, video tapes, motion pictures, recordings and any other record of my participation in this event for any purpose.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE PARENT'S SIGNATURE (if under age 18)

Please mail completed applications and checks to:  
John Bingham Racing  
Attn: Chicago Distance Classic  
333 W North Ave, Suite 254  
Chicago, IL 60610