

Registration Form

Last Name: _____ Gender: M W

First Name: _____ Language: F E

Address: _____

City: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Phone: () _____ Date of Birth: DD/MM/YYYY

E-mail: _____

Your *ChampionChip* code number (if you have one): _____

Number of marathons ran: _____

Last marathon - Time: _____ Year: _____

Group or Club Name: _____

I have full knowledge of and assume all risks of my registration in the SSQ Quebec City Marathon. I hereby release the organizers, volunteers and sponsors of the Marathon from all responsibility for my participation in the Marathon. I declare that I am physically fit to complete this event. I authorize any medical personnel to intervene on my behalf according to their qualifications if deemed necessary. I am also aware that I am responsible for the return of the ChampionChip Device to the Marathon organizing committee immediately after the event. By failing to do so, I accept to pay the sum of \$40. I am aware that **entry fees are neither refundable nor transferable** and that in case of an emergency such as, but not limited to, severe weather or threat of terrorism, the Marathon's team, in accordance with the city officials and the law enforcement, has the authority to cancel any of the events. If this situation happens, refunds wouldn't be provided as funds would already have been spent for the preparation of the event.

Participant Signature **T-shirt**
S M L XL

Parent or legal guardian signature (under 18)

Sunday

Fee

Marathon

\$

Half-marathon

\$

10K Race

\$

Kids Run (5K - for 7 to 14 years old)

\$

Health 5K

\$

Saturday

Number

Pasta Dinner

× \$20 = \$

All events are open to runners and walkers.

Total: \$ _____

Check   Expiration date: _____ / _____

Credit card number: _____

Card holder Name: _____



SSQ Quebec City Marathon
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