13.1 MIAMI BEACH® APPLICATION FORM
MARCH 6, 2011

You can also apply online at 131MIAMIBEACH.com

Check the event you are entering. Entry is NON-REFUNDABLE, NON-TRANSFERABLE AND NON-DEFERRABLE.

EVENT	UNTIL 10/28	10/29 - 02/27	RACE WEEK	US DOLLARS ONLY
____ 13.1	$60	$75	$95	$ _____
____ 5K	$18	$20	$25	$ _____
____ 13.1 ONLY Senior Discount (take $5.00 off if over 60 years old)				- ($ _____)
			TOTAL ENCLOSED	$ _____

In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. You must wear an official race number and must be able to complete the half marathon in 3.5 hours. PHOTO ID is necessary for packet pick-up. NO RACE DAY PACKET PICKUP. NO RACE DAY REGISTRATION. Coaches, skateboards, skates, baby joggers, bikes, and animals are prohibited on the course. Online registration for the half marathon closes on March 5, 2010. Mail-in registration must be postmarked by Februrary 26, 2010.

WHEELCHAIR PARTICIPANTS

____ Pushrim Division

____ Ambulatory Disabled

INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____

Country: _____ Citizenship: _____ State: _____ Zip Code: _____

Date of Birth: mm / dd / yyyy _____ Age on 03/07/10: _____ T-shirt Size (circle one): XS | S | M | L | XL

Email Address: _____ Sex (M/F): _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Estimated Finish Time: HR _____ MIN _____

Would you like to receive updates via text message? (circle one): Y | N

Mail completed entry form with fee payable by check or money order in US dollars to:

US Road Sports 13.1, LLC
Attn: 13.1 Miami Beach®
P.O. Box 56-1081, Miami, FL 33256

SURVEY

1. How many marathons do you run a year? 1 | 2 | 3 | 4 | 5+
2. What is your deciding factor in choosing a run? DATE | LOCATION | THEME | GIVE-AWAY | Other: _____
3. When did you decide to participate in this run? MORE THAN 8 WEEKS AGO | 6-8 WKS AGO | 4-6 WKS AGO | LESS THAN 4 WKS AGO
4. How did you hear about this race? MAGAZINE (which one?) _____ EMAIL BLAST FRIEND Other:
   WEBSITE (which one?) _____ RUNNING STORE RACE EXPO _____
5. Will you use ActiveTrainer online personal training program? Y | N
6. Do you use Facebook / Twitter? Y | N

WAIVER & LIABILITY RELEASE (required)

I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge 13.1 Marathon® Miami Beach, US Road Sports & Entertainment Group, LP, US Road Sports & Entertainment of Florida, LLC, HL Race Management, LLC, CBank, US Road Sports & Entertainment of Chicago, LLC, US Road Sports & Entertainment of Georgia, LLC, US Road Sports 13.1, LLC, Fit Nation Foundation, Miami-Dade County, the City of Miami Beach, the City of Miami, Miami-Dade County Parks & Recreation Departments, USATF, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releasees"), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable, non-transferable and non-deferrable. I grant to the Medical Director of the Events, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

IF THE PARTICIPANT IS UNDER THE AGE OF 18: I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I

_____ _____

Signature of Participant Date Signature of Parent/Guardian (required if participant is under 18) Date