



North East Park
Meridian, MS



Magnolia Marathon

& Half Marathon

November 21st, 2015

Benefitting Lion's Club Charities & Alzheimer's Association



7:00 am Start
Scenic Route

Last Name _____ First name _____ MI _____

Address _____ City _____ State _____ Zip Code _____

Gender _____ Age _____ D.O.B. ____/____/____ Phone _____ Email _____

Predicted Finish Time ____:____:____ **Info: www.magnoliamarathon.com** Chip Timing by: Time 2 Run

Race	Early Bird	June 15 th	August 1 st	October 1 st
Marathon	\$60	\$70	\$85	\$100
Half Marathon	\$40	\$50	\$65	\$80
Relay Team	\$135	\$145	\$165	\$175

Check Your Event

- ☐ Marathon
- ☐ Half Marathon
- ☐ Team Relay

Marathon Unisex Shirt Size

(please check one)

- ☐ XS ☐ S ☐ M
- ☐ L ☐ XL ☐ XXL

Relay Team Name { _____ }

Team Relay Members	1. _____	2. _____	3. _____	4. _____
--------------------	----------	----------	----------	----------

(All Relay Teams are required to provide their own number belt to be use for the Team race number)

Checks or money orders to
be made payable to:

Meridian LEO Club P.O. Box
3002 Meridian, MS 39303

Proceeds will benefit the Lion's Club Charities,
Alzheimer's Association and local charities. The
Magnolia Marathon does not offer refunds for
any reason.

Awards Ceremony
Half Marathon 10:30 am
Marathon 2:00 pm

Course Records: Men – Shane Vetter Niceville, FL 2:55:22 (2014) Women – Lisa Korsten Houston, TX 3:32:43 (2012)

Waiver must be signed for entry acceptance: In registering for the Meridian Marathon, LEO Run to Remember, I state that I fully understand and assume the risk and responsibility for participating on a course with vehicular traffic, even when the course is policed, and for training to an appropriate level of fitness to participate in such a physically demanding event. I hereby state that I am fit to participate. I also waive all claims for myself, and for anyone acting on my behalf, against any and all sponsors of the Meridian Marathon for damages that might result from my participation therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials to expedite such treatment.

Entrant/Parent Signature: _____ Date: _____

(if under 18, please note the minimum age is at least 16)