



601 23rd Avenue
City Hall - Meridian, MS



Magnolia Marathon & Half

November 17th, 2018
Benefiting Alzheimer's Association

Alzheimer's MISSISSIPPI

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](http://www.magnoliamarathon.com) Chip Timing by: Time 2 Run

Race	Early Bird	June 15 th	August 1 st	October 1st
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:
Magnolia Marathon P.O. Box 2884 Meridian, MS 39302

Proceeds will benefit Alzheimer's Mississippi.

Magnolia Marathon does not offer refunds for any reason.

Course Records: Marathon Men – James Pearce Rockville, MD 2:48:26 (2015) Women – Malanie Hildebrandt Birmingham, AL 3:20:10 (2016)
Half Marathon Men – Zachary Vogt Grenada, MS 1:22:15 (2013) Women – Meggan Franks Starkville, MS 1:22:59 (2015)

Waiver must be signed for entry acceptance: In registering for the Magnolia Marathon & Half, 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 Magnolia Marathon & Half 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, parent must sign)