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ALL COMPLETED WAIVER APPLICATIONS MUST BE RECEIVED BY SEPTEMBER 30TH OF RACE YEAR

ALL APPLICANTS ARE RESPONSIBLE FOR REVIEWING RACE RULES ONLINE AT WWW.SEWARD.COM

WAIVERS

Registered runners that have not attained veteran status and are unable to run the Mount Marathon Race® MUST request a waiver. Requests must be submitted in writing to the Seward Chamber of Commerce by September 30th of the race year. Requests for medical waiver will be honored, but must include a physician's statement verifying an individual's inability to run the race. Waivers for personal, but non-medical reasons will be considered by the Race Committee, but may not be granted.

Individuals that already know during the application period that they will not be able to run the race **MUST** still apply for the race, pay the entry fee, and be selected as a runner prior to requesting a waiver. Waivers will not be granted to individuals that failed to apply for the race by the Race Deadline.

PERSONAL DATA

NAME: _____
First *Middle* *Last*

Have you run the race under previous name/s?

If so, please list: _____

Gender: **M** **F** **Birthdate:** _____ **Race Division** _____

eMail Address: _____

Phone Numbers: **Day**_____ **Evening** _____

Mailing Address: _____

RUNNING HISTORY

Have you completed the Mount Marathon Race in prior years? **YES** _____ **NO** _____

How many years have you finished the Mount Marathon Race? _____ **years**

Briefly describe your MMR history: _____

_____

WAIVER APPLICATION

Reason for waiver request for this year's race? **Medical** _____ **Military** _____ **Other** _____
Medical and Military Waivers MUST be accompanied by supporting paperwork signed by a licensed medical provider or deployment orders.

If you are requesting a waiver for a non-medical or non-military reason, please attach a one page letter of request addressed to the Seward Chamber of commerce. Appropriate supporting documentation may be included. Your complete waiver application must not exceed 4 pages.

Additional Paperwork Attached **YES** _____ **NO** _____ **#PAGES** _____

OFFICE USE ONLY: WAIVER RECEIVED DATE _____ APPROVED DECLINED (circle one) INITIAL _____