



**Athlete Registration for PD Walkers and  
IMT Des Moines Marathon  
Sunday, October 18, 2009**



Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ No. of previous marathons \_\_\_\_\_

**\*\*\* NEW...All athletes who register through the PD Walkers will also be registered for the IMT Des Moines Marathon. PD Walkers participant deadline is September 20, 2009. \*\*\***

Check the race you are entering:

- \_\_\_ IMT DSM Marathon \$70
- \_\_\_ IMT DSM Marathon - 1/2 Marathon \$55
- \_\_\_ Principal Financial Group 5 K race \$25
- \_\_\_ Saturn 5-person marathon relay challenge \$325

Relay team name \_\_\_\_\_

Check the marathon division you will enter:

- \_\_\_ Push Rim
- \_\_\_ Visually Impaired
- \_\_\_ Walk event
- \_\_\_ Run event

Registration includes a t-shirt from PD Walkers and a shirt from the Des Moines Marathon.

T-shirt Size (check one)

- \_\_\_ Small
- \_\_\_ Medium
- \_\_\_ Large
- \_\_\_ X-Large
- \_\_\_ XX-Large

Pick t-shirts up at the Wellmark Blue Cross and Blue Shield Sports & Fitness Expo:  
Friday, October 16, 3:00 p.m. to 8:00 p.m. or  
Saturday, October 17, 10:00 a.m. to 8:00 p.m.

I will attend the **PD Walkers** Pasta Dinner: yes \_\_\_ no \_\_\_ add \$10 per person

Saturday, October 17, 4:30-6:30 pm

Mama Lacona's

2743 86<sup>th</sup> Street

Urbandale, IA 50322

**Note: different time and place of DSM Marathon pasta dinner**

**PD Walkers registration deadline is September 20, 2009.**

To sign up for just the marathon after September 20, 2009, go to [www.desmoinesmarathon.com](http://www.desmoinesmarathon.com).

Please mail this form with check or money order made out to:

PD Walkers  
PMB 196, 4949 Westown Pky, Ste 165  
West Des Moines, IA 50266  
515.254.9181  
[pdwalkers@q.com](mailto:pdwalkers@q.com)

Waiver – REQUIRED by signature

I know that walking or running a marathon is a potentially hazardous activity. I should not enter unless I am medically able and properly trained.

I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with this event including but not limited to falls, contact with other participants, effects of weather, traffic conditions and road conditions. All such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release of the Des Moines Marathon and Endurance Sports Marketing, race officials and organizers, sponsors, the City of Des Moines and its employees and all supporters, contractors, their representatives and successors from all claims or liabilities of any kind arising from my participation in this event.

I even know that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that dogs on leashes, bicycles, skates and/or bandit pacers are prohibited and will not be tolerated and violation of this will result in disqualification.

I agree as a walker to move aside to allow runners to pass freely. I have read and understand the rules set forth by the USATF pertaining to long distance running and I agree to abide by them.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of applicant

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent or legal guardian if under the age of 18