



Sri Chinmoy 3-7-13 Hour Solo & Team Relay Race Registration



Saturday, May 24, 2025 Magnuson Park, Seattle

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Email: _____ Birth Date: _____ Gender: M / F

Age on day of race: open to 49 50-59 60-69 70-75 75-80+ (circle one)

Previous marathon/ultra marathon time: _____ Distance: _____

Race T-shirt: S M L XL XXL (circle size)

****7& 13 Hour Relay Teams please use the following registration page:**

Fees: (late fee if after 5/12/2025)

Solo runner 3-Hour: \$75 or late fee \$90 \$ _____

Solo runner 7-Hour: \$100 or late fee \$115 \$ _____

Solo runner 13-Hour: \$125 or late fee \$140 \$ _____

Release waiver and indemnity: In consideration of this entry being accepted, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release The Sri Chinmoy Marathon Team and all its representatives and volunteers, the City of Seattle, the Seattle Department of Parks and Recreation, USA Track & Field for any and all injuries suffered by me in said event. I attest that I am physically and mentally fit and sufficiently trained for the completion of this event. Permission is given to use photos and or video taken during this event for event website and promotions. This is a USATF sanctioned event.

Signature _____ Date _____

Parent's name if under 18 years of age _____

Return with payment to: Sri Chinmoy Races, 125 N 77th St, Seattle WA 98103



Sri Chinmoy 3-7-13 Hour Team Relay Race Registration



Saturday, May 24, 2025 Magnuson Park, Seattle

7 & 13 Hour Team Relay Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Email: _____ Birth Date: _____ Gender: M / F

Age on day of race: open to 49 50-59 60-69 70-75 75-80+ (circle one)

7Hour Team \$70 each runner or \$80 if received after May 12, 2025

13Hour Team \$80 each runner or \$90 if received after May 12, 2025

Each Team member to provide the information above, plus sign the Release & Waver

Designated Team Captain: please list all 2-4 Team members below and send all registration/release forms with a single Team payment

Team Captain & Runner 1: -----T-size-----

Runner 2: _____ T-size_____

Runner3: _____ T-size_____

Runner 4: _____ T-size_____

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Signature _____ Date _____

Parent's name if under 18 years of age _____