

The Towpath Marathon - Full, Half, & 10K

Saturday, OCTOBER 3, 2026

Release: In consideration of your acceptance of this entry, I/we hereby, for myself, my heirs, executors, and administrators, waive, release and discharge Canalway Partners, Cleveland Metroparks and any additional hosts or sponsors of the Towpath Marathon and any agent, representative, or employee of the preceding, from any and all claims, demands or causes of action. I/we agree to indemnify and hold each of them harmless for any and all injuries suffered or alleged to be suffered in connection with such event. I/we acknowledge the awareness of the complete assumption of responsibility for the risks involved in this event, and I/we understand the terms of this release. I/we am/are physically fit and have trained sufficiently to compete in this event. I hereby grant full permission to any or all of the foregoing to use any photographs, videotapes, motion pictures, recordings and/or other record of this event for any legitimate purpose. All race entries are non-refundable. The race director reserves the right to refuse entries. I also provide permission to Canalway Partners to use photographs and videos of me as a race participant to promote their races and organization. As a result of signing this mail in registration you are obligated to be aware of all race rules and regulations listed under the FAQ section of our website.

First Name			Last Nam	ne				
Street			City		Sta	ite 2	Zip	
Day Phone	E [,]	vening Phone _		Emai	I			
Initial Here			Date		Sex		Age	
Shirt Size: (circle	e one) Unisex size	es: Small	Medium	Large	Xlarge	XXIarge	Э	
Date of Birth Age on Rc			ice Day\			KER		
Parent/Guardic	an must sign if po	articipant is unc	der 18 on race	e day.				
Parent Signatur	e				Date			
	RACE LE	NGTH AND ENT	RY FEE: (plea	se circle o	amount of a	oayment))	
Full Marathon	\$80 1/4-2/7		**		-		•	
Half Marathon	\$70 1/4-2/7	\$75 2/8-7/30	\$80 7/31-9	9/5 \$95	9/6-9/30			
10K	\$50 1/4-2/7	\$55 2/8-7/30	\$60 7/31-9	9/5 \$65	9/6-9/30			
Mail my Bib: _	Yes (ad	d \$15) BIB MAII	L OUT DEADLII	NE Septen	nber 10, 20	26-No "d	ay of" pa	cket pick-up.
Total Cost: Rac	e fee + Bib Mail	ina Fee (\$15) =						

<u>Please make checks payable to Canalway Partners and mail to:</u>
Canalway Partners / PO Box 609420, Cleveland, Ohio 44109 Phone: 814-746-2350