



TOWPATH TRILOGY REGISTRATION FORM

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Email _____

Initial Here _____ Date _____

Sex _____

Shirt Size: **check** : (Unisex size) Small _____ Medium _____ Large _____

Xlarge _____ XXlarge _____

Date of Birth _____ Age on Race Day _____

WALKER _____ (Yes or No)

Parent/Guardian must sign if participant is under 18 on race day.

Parent Signature _____ **Date** _____

TOWPATH HALF MARATHON and 5 Miler SUNDAY APRIL 12, 2026:

(please check race you want to participate in. Choose only one)

Half Marathon ☐ \$70

5 -Miler ☐ \$40

Mail my Bib: _____ Yes (add \$15) **No "day of" race packet pick-up.**

TOWPATH Twilight (5K, 10K & 10 MILER) Friday June 12, 2026

(please check race you want to participate in. Choose only one)

10-miler: ☐ \$55

10K ☐ \$45

5K ☐ \$35

Mail my Bib: _____ Yes (add \$15)

TOWPATH MARATHON (Full, Half and 10K) Saturday OCTOBER 3, 2026:

(please check race you want to participate in. Choose only one)

Full Marathon ☐ \$80

Half Marathon ☐ \$70

10K ☐ \$50

Mail my Bib: _____ Yes (add \$15) **No "day of" race packet pick-up.**

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. 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 www.Canalwaypartners.com

Signature_____

Please make checks payable to Canalway Partners and mail to:
Canalway Partners PO Box 609420, Cleveland, Ohio 44109 Phone: 216-520-1825 Email:
mckenzie@canalwaypartners.com

