

**The 15th St. Croix International Marathon...  
The 42nd V.I. Half-Marathon...  
St. Croix Marathon Relay...  
December 11, 2016 5am  
...experience the USA Caribbean...**



**What:** A Marathon, A Half-Marathon and a Marathon Relay

**Where:** Christiansted, St. Croix, Virgin Islands USA

**When:** Sunday, December 11, 2016, 5:00 A.M. Marathon 6:00 A.M. Half-Marathon, Marathon Relay 6am

**Who:** The Marathon and Half-Marathon events for runners 18 years of age and older

**Course:** Rolling, along seashore Point-to-Point, Out-and-Back Course (AIMS/IAAF Certified)

**Awards:** To top finishers male and female, top age group finishers male and female, certificates to all participants. Special race tee-shirt to all participants

**Race Pack Pickup:** The Twin City Coffee House 10 to Noon Saturday December 10

**Entry Fee:** \$65 After October 31, \$75 (Marathon/Half-Marathon) \$250 (Marathon Relay no limit to number of runners) (to register online, logon to: <http://virginislandspace.org/stxmarathon2016.html>)

**Organized by:** The Virgin Islands Pace Runners

**Sanctioned by:** The Virgin Islands Track and Field Federation

Check one: I will run: THE MARATHON [ ] THE HALF-MARATHON [ ] THE MARATHON RELAY [ ]

**RELEASE—WAIVER—STATEMENT OF FITNESS**

I entering this footrace, hereby attest that I have trained adequately for and I am in proper physical condition as ascertained by a licensed physician, to run 26.2 miles or a full marathon (or 5k to 7k on a relay team ) a half-marathon (13.1 miles ) in high heat and humidity with limited traffic control on public roads. I further release all sponsors and volunteers, organizers and Government of the Virgin Islands from all claims resulting from loss, injury or illness resulting from my participation in this race and related activities and give permission to use my name and/or picture in any account of this race.

**ENTRY FORM**

PRINT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

RACE# \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

YOUR ORGANIZATION. SCHOOL, CLUB: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ COUNTRY OF RESIDENCE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

Check to/Mail to: V.I.Pace Runners  
P.O. Box 222720 Christiansted,  
St. Croix, Virgin islands 00822  
340-643-2557  
<http://virginislandspace.org>