



The 12th St. Croix International
Marathon...
The 39th V.I. Half-Marathon...
The 6th St. Croix Marathon Relay...
December 15, 2013 5am
...experience the USA Caribbean...

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

Where: Frederiksted, St. Croix, U.S. Virgin Islands

When: Sunday, December 15, 2013, 5:00 A.M. Marathon 6:00 A.M. Half-Marathon

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

Course: Flat, 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 Buccaneer Hotel 10 to Noon Saturday December 1

Entry Fee: \$65 After October 31, \$75 (Marathon/Half-Marathon) \$300 (Marathon Relay 6 runners)
(to register online, logon to: <http://virginislandspace.org/stxmarathon2012>)

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 []

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>