



# 15TH ANNUAL NORTHSHORE INLINE SEPTEMBER 11, 2010 AT 7:30 AM RAIN OR SHINE

Skaters under 13 years of age must have their entry approved by the Executive Director.

2011 Event Weekend Special (Sept. 10 - 11 ONLY) .....	\$45
Elite/ Age Class Participants (through May 31) .....	\$55
All registrations June 1 - June 30 .....	\$65
All registrations July 1 - July 31 .....	\$75
All registrations August 1 - August 31 .....	\$85
All registrations September 1 - September 3 .....	\$95 (online only)
All registrations September 4 - September 8 .....	\$105 (online only)
All registrations September 9 .....	Registration is closed until noon at the DECC on September 10
All registrations September 10 .....	\$150 includes 2011 early registration at DECC NSIM Expo 12-8:00 pm

**No Refunds or Transfers!**

In order to increase safety, ease crowding and allow for growth, all skaters will be placed in waves determined by past performances. Participants with no previous NSIM history may choose their wave (one time only). Participants with multiple finishes will receive wave placement based on their best performance from the last 3 events.

Below are cut-off times used to determine wave placement.

	2009	2008	2007		2009	2008	2007
Elite	UP TO - 1:17:16	UP TO - 1:14:46	UP TO - 1:26:45	Wave 4	1:45:39 - 1:52:47	1:42:38 - 1:49:33	2:08:22 - 2:17:37
Wave A	1:17:17 - 1:21:14	1:14:47 - 1:20:19	1:26:46 - 1:34:48	Wave 5	1:52:48 - 1:58:45	1:49:34 - 1:56:20	2:17:38 - 2:29:16
Wave B	1:21:15 - 1:26:48	1:20:20 - 1:23:07	1:34:49 - 1:39:29	Wave 6	1:58:46 - 2:06:07	1:56:21 - 2:04:15	2:29:17 - 2:44:59
Wave 1	1:26:49 - 1:34:01	1:23:08 - 1:30:36	1:39:30 - 1:49:21	Wave 7	2:06:08 - 2:16:39	2:04:16 - 2:14:21	2:45:00 - 3:00:24
Wave 2	1:34:02 - 1:40:48	1:30:37 - 1:36:36	1:49:22 - 1:57:45	Wave 8	2:16:40 - 2:37:10	2:14:22 - 2:36:36	3:00:24 - 3:32:56
Wave 3	1:40:49 - 1:45:38	1:36:37 - 1:42:37	1:57:46 - 2:08:21	Wave 9	2:37:11 - 3:30:00	2:36:37 - 3:30:00	3:32:57 - 4:32:17

**WAVE SIZES ARE LIMITED • WAVE PLACEMENT IS ON A FIRST RECEIVED, FIRST PLACED BASIS.** If the wave you qualify for fills to capacity, you will be placed in the next fastest available wave. YOU MUST start in the wave for which you've qualified. Most timing errors relate directly to starting in the wrong wave. Violations may result in disqualification. Wave changes must be approved by NSIM personnel and will cost \$10 per change thru August 31st. Wave changes after August 31st will cost \$20 per change. Entry fees are nonrefundable.

Please make every effort to enter early. The registration form must be filled out clearly and entirely in order to accurately process it. **THE RACE WILL BE HELD RAIN OR SHINE.** No parking will be available at the starting line. Below you will find a space for "former name." If your maiden or married name has changed, and you have participated in this event before, please fill in this blank.

**Race Packets & Timing Chips** may be picked up at noon Friday Sept. 10 until 10 p.m. in Pioneer Hall at the Duluth Entertainment Convention Center. **DECC parking is \$4.00.** Race day packet pick-up will be from 5:00 to 6:30 am. Everyone is strongly urged to ride the shuttle busses that leave the DECC starting at 5:30 am. Wave starts begin with Elite Men at 7:30 followed by the remaining waves at 2-5 minute intervals. All participants are expected to finish the event within 3:30:00

The Pizza Lucé Spaghetti Dinner at the DECC is served Friday, September 10 from 5 to 9 p.m. Adults - \$9.50, Kids 5-12 \$6.00.

## 15TH ANNUAL NORTHSHORE INLINE MARATHON 2010 - Sept. 11 at 7:30 a.m.

Print  
Full Name \_\_\_\_\_ Gender:  M  F  
first middle last  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Prov \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Former name \_\_\_\_\_  
 Age/race day \_\_\_\_\_ Birthdate \_\_\_\_\_ Team/Club \_\_\_\_\_  
 Number of NSIM Completed \_\_\_\_\_ E-mail \_\_\_\_\_

If you have **NOT** participated in **THIS** marathon event before, please view the cut-off table above and choose your starting wave = \_\_\_\_\_

If your registration is received after the finisher shirt cut off date, Aug. 31 indicate how you will receive your shirt:  
 Pick up at NSIM office after 10/15/10  
 Add \$5 to receive by mail after 10/15/10

**Mail entry to:**  
 NorthShore Inline Marathon  
 P.O. Box 22, Duluth, MN 55801

<b>ALL REGISTRATIONS</b>	
Postmarked by 5/31/10 .....	\$55
Postmarked after May 31st .....	\$65
Postmarked after June 30th .....	\$75
Postmarked after July 31st .....	\$85
After 8/31/10 online registration only!	
<b>FINISHER SHIRT</b> (circle type & size) <small>NO SIZE CHANGES ON RACE DAY!</small>	
Long Sleeve S M L XL XXL	\$ _____
Short Sleeve S M L XL XXL	\$ _____
Performance Tee (add \$25) x _____	\$ _____
S M L XL XXL	\$ _____
<b>ENTRY FEE</b> \$ _____	
Duluth News Tribune Race Edition	\$ _____
Newspaper (\$4.00 mailed) x _____	\$ _____
Spag Dinner \$9.50 x _____	\$ _____
ages 5-12 \$6.00 x _____	\$ _____
In-Training Tee (mailed) \$20 x _____	\$ _____
Mail Finisher Shirt (\$5 each)	\$ _____
<b>Total (U.S.funds)</b>	\$ _____

**Waiver Responsibility:** I understand and acknowledge that the inline skating is an activity involving a significant risk of personal injury, including disability and death. Acknowledging these risks, I hereby apply to enter the NORTHSHORE INLINE MARATHON, agreeing that I am solely responsible for my safety. I HEREBY AGREE TO WAIVE AND RELEASE any and all claims for injuries or damages, which I may incur during, as a result of my participation in this event, against the NorthShore Inline Marathon Inc., its organizers, sponsors, sanctioning bodies, the City of Duluth, the State of Minnesota, Town of Duluth, event employees, volunteers, officials, officers, directors, agents and medical personnel. I agree that I am solely responsible to be physically fit and sufficiently prepared to participate in this activity and to use equipment of a type and condition reasonably necessary to safely participate in this activity. If I require medical attention as a result of participation in the NorthShore Inline Marathon, I hereby give my consent for authorized medical personnel of the NorthShore Inline Marathon to provide such medical care as is deemed necessary. All medical expenses incurred will be the responsibility of the participant. This waiver and release shall be binding upon all my heirs and assigns. I understand that this event utilizes the ChampionChip scoring and timing technology and that I will receive a rental chip in my race packet. I also understand that I will be charged a \$30 fee if the rental chip is not returned. I understand that no entry fee refunds or transfers can be allowed under any circumstance. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising.