

MARATHON, HALF, 10K, 5K REGISTRATION, & 1 MILE* REGISTRATION

DATE: _____

RACE NAME: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone #(s) (____) (____) _____

Date Of Birth: _____ Age On Race Date Above: _____ Sex: (Circle) M F

Emergency Contact Name: _____ Phone # (____) _____

How did you hear about the Above Races: _____

Entry Fees – Please Circle event : Marathon (\$55) Half Marathon (\$45) 10K (\$35) 5K (\$25) 1Mile (\$20)

Entry Fee (No refunds, No transfers).....\$ _____

Total Amount closed:.....\$ _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY:

In consideration of acceptance of my application in the above runs on , I hereby waive, release and discharge any and all claims on behalf of myself, my heirs, assignee, and/or estate for damages, death, personal injury or property damage as a result of my participation in, including traveling to this event. I understand that this release is to discharge in advance the Marathon organizers, , private property owners, race sponsors, medical personnel, local jurisdictions and their employees, and race volunteers (the “Releases”) including any and all rights, claims and liability for damage or injuries to me or my property caused by negligence of any of them, arising out of my participation in this footrace, together with any costs, including attorney’s fees, that may be incurred as a result of such claims, whether valid or not; and expressly waive any benefit I may otherwise have under section 1542 of the Civil Code of California. I hereby acknowledge that participation in this race carries with it potential hazard and risk which I voluntarily assume, and therefore release all Releasees of responsibility for my injury or death during this race. I hereby attest and verify that I am physically fit and have sufficiently trained for this arduous event. I hereby accept full responsibility and knowledge for following the correct course. I hereby state I will voluntarily withdraw from this race if requested to do so by race management or course volunteers. I hereby consent to receive medical treatment at my cost, which race officials may deem necessary in the event of injury, accident or illness during the footrace. I have also been advised that I may be exposed to physical injury from a number of natural factors, including, but not limited to lack of water, too much water, the hazards of vehicular traffic, and those other hazards attendant to running or walking along or across busy roadways during the day or night, including, among other things, the fact that I may become injured or incapacitated in a location where it is difficult or impossible for the event management to get required medical aid to me in time to avoid physical injury or even death. I understand that entry fees are necessary to meet the costs of preparations months in advance of the race, and if the race is cancelled because of fire, drought, floods, storms of any kind, known or known, I expressly waive any benefit I may otherwise have under section 1542 of the Civil Code of California.

Signature: _____ Date: _____

Parental Signature for Under 18 Yrs old.

Signature: _____ Date: _____

Please sign, date and return the application form/waiver, make checks payable to and mail to:

Charlie Alewine
324 S. Diamond Bar Blvd., #136

(909) 319-8492
Diamond Bar CA,91765

*1 Mile is only held at select events