REGISTRATION FORM

CITY OF ANGELS HALF MARATHON

First and Last Name

Street Address

City State

Zip Code Country Date of Birth mm/dd/yy

E-mail address (for confirmation purpose)

Cell phone Female Male Age on Race Day

Est. Finishing Time Run Walk S M L XL T-Shirt Size

Payment Options Check Credit Card Promotional Code

Make check payable to: City of Angels Half Marathon

Mailing Address: City of Angels Half Marathon
P.O. Box 412157
Los Angeles, CA 90041

Visa MC AmEx

Credit Card Number

Exp. Date Signature

Name as it Appears on Credit Card

☐ **Standard registration: October 1 - November 15, 2008 w/cotton t-shirt**	$60.00	$
☐ **Late registration: November 16 - December 1, 2008** (mail-in entries must be received by Half Marathon office by November 30, 2008)	$65.00	$
☐ **Yes, I want to upgrade to a coolmax t-shirt**	$ 5.00 (retail value of $15.00)	$
☐ **Yes, I want my bib & t-shirt mailed to the address above** (Must be received by Half Marathon office by November 14, 2008)	$12.00 shipping & handling fee	$
	Total:	$

Emergency contact: _____

Emergency contact #: _____

By signing below, you agree, warrant and covenant as follows:

I, for myself and anyone entitled to act on my behalf including but not limited to my personal representative, assigns, heirs, executors, hereby fully and forever waives, releases, discharges and covenants not to sue the State of California, the County of Los Angeles, the City of Los Angeles, all municipal agencies whose property and / or personnel are used, Grove of Hope, the City of Angels Organizing Committee, the USATF, all volunteers and all sponsors (collectively "Releasees"), their representatives and successors from all claims or damages and any demands therefore, on account of injury to me or property or resulting in my death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with my participation in the Half Marathon. I know that running a Half Marathon race is a strenuous and potentially hazardous activity. I should not participate and run unless I am medically able and properly trained. I elect to voluntarily compete in the Half Marathon and I assume all associated risks including but not limited to, falls, contact with other runners, the effect of the weather conditions including high heat, and / or humidity, and road conditions all such risks being known and appreciated by me. I hereby grant to the medical director(s) of the City of Angels Half Marathon, and his / her agents, affiliates and designees, access to all medical records (and physicians) as needed and I authorize medial treatment as needed.

I acknowledge that the entry fee is non-refundable and non-transferable. In the event the Half Marathon is delayed or cancelled due to fire, threatened or actual strike, labor difficulty, insurrection war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, hurricanes, tornadoes, earthquakes), or any other cause beyond the control of Grove of Hope there shall be no refund of the entry fee or any other costs of me in connection with the Half Marathon.

I grant permission to all the foregoing to use my name, voice, and / or photograph in broadcasts, newspapers, brochures, websites and other media without compensation.

I have carefully read this agreement and understand its contents. I am fully aware that this is a release of liability signed of my own free will.

If under Age 18 Parent or Legal Guardian must read and sign below:

I certify that I have read the agreement above and fully understand its content. I authorize medical treatment for my son / daughter and access to his / her medical records.
In addition, I certify that my son or daughter is in good physical condition and able to safely participate in the Half Marathon.

PARTICIPANT SIGNATURE _____ DATE OF BIRTH _____ DATE SIGNED _____

Parental or legal guardian must sign if participant is a minor (under 18 in most states)

PARENTAL OR LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

By signing above, the parent or legal guardian waives, and agrees not to assert, any claims it might have against the Releasees whether or not negligence has been proven.