

ENTRY FORM

May be reproduced

Please Print **LEGIBLY**

First Name: _____ Last Name: _____

Home Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

ALL REQUIRED: Date of Birth: ____ / ____ / ____ (MM/DD/YY) Age on Race Day: ____ Sex: M F

— DIVISION —

10K 5K Kids Fun Run (age 12 and under)

I've Joined This Team: _____

(If Applicable)

— AGE GROUP —

12-under 13-19 20-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65-69 70-74 75-79 80+

T-shirt size (10K/5K only): S M L XL XXL

— FEES —

(Rain or Shine/No Refunds)

- \$35 – January 1 – March 31, 2017
 \$40 – on April 1, 2017 through event day
 \$15 – Kids Fun Run (Price does not change)

Please bill my: Visa MC AMEX \$ _____ Exp. Date: _____

Credit Card #: _____ CVV#: _____

(or contact 818.718.5922 for secure credit card transmission)

Signature: _____

Business Name: _____

Contact Name: _____

(As you wish it to appear on event publicity)

Sponsorship Level: _____

Mail or Fax to:

Northridge Hospital/C.A.T-S, 8210 Etiwanda Ave., Reseda, CA 91335

Fax: 818.718.5989

More Information: Priscilla.Lomeli@DignityHealth.org or 818.718.5922

Our tax identification number is 23-7444901

5K/10K WALK/RUN, KIDS FUN RUN Waiver & Release: Must be signed by all entrants. I know that running a road race is a potentially hazardous activity. I am medically able and properly trained for the race. I assume all risks associated with running in the event including but not limited to, falls, contact with other participants, effects of weather including heat and humidity, traffic and the condition of the roads, all such risks of racing being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I, for myself, and heirs, executor, or anyone entitled to act on my behalf, waive and release Northridge Hospital Medical Center, W2 Promotions, Harman International, all race sponsors, officials, volunteers, employees, the City of Los Angeles and all governmental entities, and any of their representatives and succession from all claims of every kind or nature whatever, foreseen or unforeseen, known or unknown. I grant my permission to all of the foregoing to use any photograph, motion pictures, video, or sound recordings, or any other record of this event for any legitimate purpose.

Participant's Signature (Parent's signature if under 18) _____

Date _____