



2010 Participant Registration and Waiver/Release Forms

Participant Information

Date: _____
Name: _____
Address: _____
City/ST/Zip: _____
Phone: Daytime #: _____ Evening #: _____
Email: _____
Age: (On race day) _____ Birth Date: _____
Sex: Male Female
Emergency Contact Name: _____
Relationship: _____ Phone: _____
How did you hear about *Team Wellness*? _____
Please indicate your (uni-sex) T-shirt size:
 Small Medium Large X-Large XX-Large

Participant Commitment

I will register myself for my race(s) online at www.lamarathon.com, noted below, and will select in the drop down menu that I am running for The Wellness Community Valley/Ventura. I understand that filling out this form and fundraising for TWCVV qualifies me as a member of *Team Wellness*. I also understand that there is a fundraising minimum requirement as noted and checked off, below.

- LA Marathon 5K** Race registration: \$35, self-register at www.lamarathon.com
- LA Marathon Full Marathon** Race registration: \$125, self-register at www.lamarathon.com
- Fundraising Minimum \$200** (Donations made payable to TWCVV)

I agree to complete my fundraising in order to participate with *Team Wellness* in the race. I understand that if I do not meet this fundraising commitment by March 19, 2010, I will be asked to either make up the difference with personal funds or relinquish the opportunity to continue with participation in the Event.

I understand that should I drop out of the race for any reason or am unable to complete the race, I am responsible for any expenses incurred by The Wellness Community Valley/Ventura on my behalf and The Wellness Community Valley/Ventura is not required to refund, return or credit any donations received on my behalf.

Send your completed Registration and Waiver/Release forms to be listed as a member of *Team Wellness*!

Mail completed forms and/or fundraising donations in the form of a check to:

The Wellness Community Valley/Ventura
530 Hampshire Road, Westlake Village, CA 91361
ATTN: Maddy Sattler
805-379-4777

****OR****

Fax completed forms and/or credit card donations (Visa, MC, Discover & Amex) to:

805-371-6231

Cardholder's Name _____
Credit Card # _____ Exp. Date _____ Sec. Code _____
Signature _____



Participant Waiver and Release

I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise event. I am participating in the LA Marathon *Team Wellness* walk/run voluntarily and I am aware of these risks and agree that my participation is at my own risk. I certify that I am physically fit and know of no restrictions imposed on me by my own physician or any physician that would in any way prevent me from actively participating in the LA Marathon *Team Wellness* walk/run.

I acknowledge that participating in a marathon, half marathon, 10k, 5k or any other length race (hereinafter "Event") is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, death, and property damage. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in an Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in any Event, which I elect to enter. I have no physical or medical condition, which would endanger others or myself if I participate in any Event, or would interfere with my ability to safely participate in any Event. I accept responsibility for the condition and adequacy of my competition equipment and my conduct in connection with any Event. I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after any Event and I recognize that consumption of alcohol and/or drugs might impair my judgment and/or motor skills. I assume full responsibility for any injury, loss or damage associated with my consumption of alcohol and/or drugs.

On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE The Wellness Community-Valley/Ventura, its officers, directors, employees, agents, volunteers, representatives, successors, and entities, from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind (collectively "Claims"), for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to or from, the LA Marathon *Team Wellness* walk/run Event, including but not limited to any Claims for theft, damage to any equipment, negligence, partial or permanent disability, Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at an Event site or elsewhere), and any Claims for medical or hospital expenses.

I understand that I may be photographed and I give my permission to use my name and/or photograph or video in any broadcast, telecast, internet or print media account of the activities of the LA Marathon *Team Wellness* walk/run or any purpose The Wellness Community Valley/Ventura may have in using the like.

Date: _____

Participant Name: _____
(Please Print)

Signature: _____
(Or Signature of parent/legal guardian, if under age 18)

Parent Name: _____
(Please print)