



Prader-Willi
California Foundation

Join Team PWCF for
2018 Long Beach Marathon
October 6 – 7, 2018



Team PWCF Marathon Application

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Race: 5K (October 6, 2018) Half Marathon (October 7, 2018) Marathon (October 7, 2018)
Registration Fee = \$38 Registration Fee = \$110 Registration Fee = \$125

I have enclosed my check made payable to "PWCF"

Please charge \$_____ to my credit card

Name as it appears on card _____

Card No. _____ Expiration _____ Security Code _____
(on back of card)

Billing Address (if different from above) _____

Signature _____

How did you hear about Prader-Willi California Foundation?

Referred by family, friend, and/or past participant _____

T-shirt size: Small Medium Large XL XXL XXXL

I understand that by joining PWCF's Team for the Marathon, I am committing to raise at least \$500 (or \$250 if running the 5k) for Prader-Willi California Foundation. I understand that PWCF will provide fundraising tips and support.

Signature

Date

Please return to: Prader-Willi California Foundation Phone: 818-723-2656 (Committee Chair)
514 N. Prospect Ave. Ste 110-LL Fax: 310-372-4329
Redondo Beach, CA 90277 Email: musicistheflow@me.com

Once we have received your signed form and registration fee, you will receive instructions and PWCF's Charity Registration code for online registration at the Long Beach Marathon website.

Do not register on the Marathon website until you receive instructions from PWCF.

PARTICIPANT LIABILITY/CONSENT/PERSONAL RELEASE

I, _____, intending to be legally bound, understand, agree and acknowledge that I am voluntarily participating with Prader-Willi California Foundation (together with its successors and assigns, "PWCF") in Team PWCF (the "Team") and all of its activities, including, but not limited to, training and participating in the 2018 JetBlue Marathon and Half Marathon/Aquarium of the Pacific 5K (collectively, the "Event") at my own request and at my own risk. I acknowledge that I am aware of and expressly, voluntarily and unconditionally assume the risks inherent in training for and participating in the Team and the Event. I certify that I am physically fit and capable of participating in the Team and the Event, have not been otherwise informed by any physician and know of no restrictions imposed on me that would in any way prevent me from actively and safely participating in the Team and the Event.

In consideration for PWCF permitting me to participate in the Team and the Event, I, on behalf of myself, my successors in interest, next of kin, heirs, assigns, executors, administrators and representatives (collectively, "my Representatives"), hereby fully and unconditionally release, waive, discharge, hold harmless and agree not to sue PWCF and its Board of Directors, agents, employees, volunteers, representatives, successors, and assigns (be they individuals or organizations), together with their insurers and sponsors, of, from or for any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or property or any other loss or inconvenience whatsoever, suffered by me or my Representatives at any time hereafter arising out of my participation in the Team or the Event, whether resulting from PWCF's negligence or otherwise.

I also unconditionally consent and give permission to PWCF to freely use my name, picture and voice in any broadcast, telecast, video or print, online or other account in any medium of the Team or the Event (this "Media Consent") without fee or charge. I understand that this Media Consent is perpetual in time and that it encompasses without limitation, any copyright or right of publicity that I may have in my name, picture and voice.

I acknowledge and affirm that I have read and fully understand this Participant Liability/Consent/Personal Release (this "Release") and all of its terms and have signed it freely and voluntarily. I further understand that, by signing this Release, I am relinquishing legal rights and remedies that may have otherwise been available to me. I agree that this Release shall be construed as broadly and inclusively as permitted by applicable law and, if any term or provision hereof is found to be invalid or unenforceable, the other terms and provisions shall remain in full force and effect.

Print Name: _____

Signature: _____ Date: _____

In addition to the signed Release above, please provide the following information. All information provided will be kept strictly confidential, except to the extent necessary in case of medical or other emergency.

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Medical Conditions (including allergies):

Medication(s):
