

The Rotary Club of Moorpark and The City of Moorpark Presents:
"The Moorpark Mammoth Run"
October 8, 2017
5K & 10K Run & 1 Mile Family Fun Walk Registration Form

BIB #

Please fill out and return this form. You may pay with a personal check made out to the Moorpark Rotary, Tax ID # 77-0420380, or list your credit card information on this form.

I will be paying with a personal check

I will be paying with a credit card (circle one) VISA/ MASTERCARD/ AMERICAN EXPRESS

Your Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

DOB: _____ Age: _____

Card Number: _____ Exp Date: _____ CVV: _____

- 5K Run, \$40, (After 9/1, \$45) Includes one Event T-Shirt indicate size here (S, M, L, XL) _____
- 10K Run, \$40, (After 9/1, \$45) Includes one Event T-Shirt indicate size here (S, M, L, XL) _____
- 5K Run, Student \$30, (After 9/1, \$35) Includes one Event T-Shirt indicate size here (S, M, L, XL) _____
- 10K Run, Student \$30, (After 9/1, \$35) Includes one Event T-Shirt indicate size here (S, M, L, XL) _____
- 1 mile Family Walk, \$30, Includes one Event T-Shirt indicate size here (S, M, L, XL) _____
- Adult T-Shirt \$15, Indicate size here (S, M, L, XL) _____ XXL add \$2

If you're registering more than one runner, please list them here:

Name _____ Circle one 5K 10K M or F Age _____
Name _____ Circle one 5K 10K M or F Age _____
Name _____ Circle one 5K 10K M or F Age _____
Name _____ Circle one 5K 10K M or F Age _____

Amount Enclosed or to be charged: \$ _____

Please include a copy of this form with your check or credit card information to Moorpark Rotary, P.O. Box 172, Moorpark, CA 93020-0172. You may also email this form to moorparkrotary@yahoo.com.

For more information, please Contact Matt Miguelena at (805) 300-2426 or email him at miglet05@yahoo.com

Ofc. Use Only Reg. List _____ Paid _____

Print last name here _____

Waiver of Liability for The Moorpark Mammoth Run _____

Sponsored by the Rotary Club of Moorpark and the City of Moorpark.

Signature Required to Complete Registration and Participate in Event

INFORMED CONSENT AND RELEASE: I, the undersigned, voluntarily participate in the referenced activity. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this I state that I have no knowledge of any condition that would prohibit me from safely participating. Please note: The Rotary Club of Moorpark and the City of Moorpark does not provide any insurance coverage of any kind, for your participation. The Rotary Club of Moorpark and the City of Moorpark strongly recommend that appropriate insurance be obtained by each participant. I, the undersigned, and in the event the undersigned is under 18 years of age, the undersigned's parents or guardian, in consideration of the request and permission to participate in the referenced activity, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the Rotary Club of Moorpark and the City of Moorpark from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the Rotary Club of Moorpark and the City of Moorpark, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members.

PERMISSION TO USE PHOTOGRAPHY: I grant the Rotary Club of Moorpark and the City of Moorpark at their discretion and free of charge, permission to use still photography of myself or my child(ren) participating in the Moorpark Mammoth Run for the purpose of publicizing said event.

PERMISSION FOR MEDICAL TREATMENT & TRANSPORT: I hereby grant the Rotary Club of Moorpark and the City of Moorpark and agents thereof, permission to summon 911 in the event that myself or my child(ren) require advanced first aid or medical treatment. I further grant permission to transport myself or my child(ren) to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat myself or my child(ren) if such treatment is reasonably required.

REFUNDS: I realize that no refunds can be issued for this activity.

Participant Name: _____

Participant Signature (or parent/guardian if under 18): _____

Print Name: _____

Date: _____