

# REGISTRATION FORM



Participant Name \_\_\_\_\_ Team Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Gender: Female / Male  
Birthday \_\_\_\_\_ Age on Race Day \_\_\_\_\_

- Yes, I'd like an event t-shirt (available when you raise or donate a minimum of \$1 above the registration fee)  
Please select a size: Adult: S M L XL XXL Youth: S M L
- Yes, I'd like to donate back to the fight! Please do not send me a fundraising prize. Prizes start at \$100.

## PAYMENT INFORMATION

5K Registration: \$40

- Adult Participant (18+)  Youth Participant (<18 yrs)  Stroller Run (Includes 1 Adult + 1 Stroller) \$50
- Kiddie Fun Run (age 10 & under): \$25  ViP (Online Only. Unable to attend, but I want to fundraise): \$0

Additional Donation: \$ \_\_\_\_\_

Total Contribution: \$ \_\_\_\_\_

Check # \_\_\_\_\_  MasterCard  VISA  AMEX Exp. Date: \_\_\_\_\_ CVW Code: \_\_\_\_\_

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Name on Credit Card (please print)

\_\_\_\_\_  
Billing Address (if different than above)

\_\_\_\_\_  
Cardholder Signature

Please mail completed form with payment for receipt no later than 9/29/16 to:  
Kickin' Cancer! 1112 Montana Ave, Suite 861 Santa Monica, CA 90403

WAIVER: Must be signed by all entrants. With my signature, I acknowledge that running and walking can be an inherently strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against the Lynne Cohen Foundation, MTZ Productions, USATF, all race sponsors, officials, volunteers, employees of The City of Los Angeles and all governmental entities, and any personnel functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes, or quotations from me in accounts and promotions in any medium of this event, and of the activities of the Lynne Cohen Foundation. This permission is perpetual and worldwide. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_