

## MONDAY, FEBRUARY 25, 6:00 AM san diego, ca

## Registration and Participation Waiver

RUNNER INFORMATION Will you be participating as a: Runner \$50
Runner Name:
Company or Affiliation:
Cell Phone Number:
Birthdate:
T-shirt Size: Small Medium Large Extra Large
Bib Number (internal use only):
EMERGENCY INFORMATION (PREFERABLY SOMEONE IN SAN DIEGO) Emergency Contact Name:
Emergency Contact Cell Phone Number:
PAYMENT INSTRUCTIONS  Check enclosed (Payable to NGA Research & Education Foundation)  Please charge my: Visa MasterCard American Express Discover  Name on Card (if different from above):
Card Number: Exp: CVV: Billing Zip:
In consideration of your acceptance of my entry, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights to claims or damages I may have against NGA, the NGA Foundation, sponsors, and all other parties involved with this event. I attest to being fully trained and fit to participate and have full knowledge of the risk involved. I also give my permission for the use of my name(s), photo and/or voice in any orint account or any other account in medium of this event.
Runner's Signature: Date:
Parent's Signature if Under 18 Years of Age: Date:

## THANK YOU FOR YOUR SUPPORT!