



SATURDAY, MAY 22, 2010

REGISTRATION FORM

Please mail to: Miles for Melanoma 5K
333 W. Bastanchury Road- Suite 110
Fullerton, CA 92835

REGISTRATION INFORMATION

Please submit one registration form per person

First Name: _____ Last Name: _____ MI: _____

Sex: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Birthday: ___ / ___ / _____ Age on Race Day: _____

Email address: _____

T-Shirt Size: YS YM YL S M L XL Would you like a FREE skin cancer screening? Y N

REGISTRATION FEES

5K Run/Walk postmarked by May 8	\$ 25
5K Run/Walk postmarked by May 8 (Youth:12-17) \$ Seniors (65+)	\$ 20
Kids Fun Sun Run postmarked by May 8 (children 14 and under only)	\$ 10
After May 8 (both 5k and Kids run)	\$ 5 late fee

**YES! I would like to make a tax-deductible DONATION to
THE MELANOMA RESEARCH FOUNDATION (EIN: 76-0514428)**

Amount: \$ _____

Make all checks (registration fees and donations) payable to:

"The Melanoma Research Foundation"

Please note that entry fees are non-refundable and bibs are non-transferable

RELEASE, WAIVER & ASSUMPTION OF RISK (MUST BE SIGNED):

I ACKNOWLEDGE THAT I VOLUNTARILY APPLY TO RUN IN THE GET FIT 5K, AND THAT THERE ARE RISKS INHERENT IN THE RACE WHICH MAY RESULT IN SERIOUS INJURY AND PROPERTY LOSS OR DEATH. I ASSUME THE RISK OF PARTICIPATING. IN CONSIDERATION OF THIS ENTRY ACCEPTANCE IN THE MILES FOR MELANOMA 5K, I HEREBY FOR MYSELF, HEIRS, EXECUTORS AND ADMINISTRATORS WAIVE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AGAINST FULL SPECTRUM DERMATOLOGY, THE CITY OF FULLERTON, AND ALL PARTICIPATING SPONSORS AND THEIR OFFICERS AND AGENTS, AND ANY INDIVIDUAL OR ORGANIZATION ASSOCIATED WITH MILES FOR MELANOMA 5K FOR ANY AND ALL LOSSES, INJURIES OR DEATH SUSTAINED BY ME IN THIS EVENT. I HEREBY CERTIFY THAT I AM IN GOOD CONDITION AND AM ABLE TO SAFELY COMPETE IN THIS EVENT. I CONSENT TO RECEIVE MEDICAL TREATMENT SHOULD I SUSTAIN INJURY DURING THE EVENT. ADDITIONALLY, I PERMIT THE USE OF MY NAME AND PICTURES IN BROADCASTS, TELECASTS, NEWSPAPERS, BROCHURES, ETC. AS A PARTICIPATING ATHLETE, I CERTIFY ALL INFORMATION PROVIDED BY ME IN THIS FORM TO BE TRUE AND COMPLETE. I HAVE READ THE ENTRY INFORMATION PROVIDED FOR THE EVENT AND CERTIFY MY COMPLIANCE WITH MY SIGNATURE BELOW.

SIGNATURE OF PARTICIPANT: _____ DATE: _____