



SANTA MONICA GOBBLE WOBBLE
Benefiting the Westside Food Bank
NOVEMBER 26, 2011 ENTRY FORM

FOR OFFICE USE	CASH / CHECK
	\$ _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

E-mail _____ @ _____ T-shirt size (circle one): S M L XL XXL

Birth Date: ____/____/____ Age on December 31, 2011: ____ years old Sex (circle one): M F

Category (circle one) : **Age Group, Baby Jogger, Walker**

I learned of this event from (circle one): RacePlace.com, SantaMonicaGobbleWobble.com, Active.com, LAS&F Mag., Competitor Mag., Web site, a friend, brochure at running store, brochure elsewhere, health club, other: _____

<p>SANTA MONICA GOBBLE WOBBLE:</p> <p><input type="checkbox"/> 5k</p> <p>\$30 through November 5, 2011</p> <p>\$35 through November 22, 2011</p> <p>\$40 on Race Day (if available)</p>
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<p>SANTA MONICA WIDDLE WODDLE:</p> <p><input type="checkbox"/> 1k Dash</p> <p>\$10 through November 5, 2011</p> <p>\$15 through November 23, 2011</p> <p>\$20 on Race Day (if available)</p>

Mailed-in registrations must be received by November 19, 2011.

Make checks payable to Generic Events and mail to:

Generic Events • 825 Wilshire Blvd. #431 • Santa Monica, CA 90401

ATTENTION: READ AND SIGN BELOW - ENTRY WILL NOT BE ACCEPTED WITHOUT SIGNATURE.

ACCIDENT WAIVER AND RELEASE OF LIABILITY - THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING.

ASSUMPTION OF RISK FOR BODILY OR PERSONAL INJURY AND ILLNESS. I voluntarily wish to participate in SANTA MONICA GOBBLE WOBBLE (the "Event"). I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athlete, lack of hydration, equipment, vehicular traffic, and actions of other people, including but not limited to, participants, volunteers, spectators, and event officials. I hereby assume all risks of participation in this event. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event director and event sponsors, and that it will govern my actions and responsibilities at said event(s). I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment, property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by qualified personnel. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. As a participating athlete, I certify that all the information provided on my race entry form is true and complete. Knowing these facts, and in consideration of your acceptance of my Event(s) entry, I, the undersigned participant (and if participant is under 18 years of age, I, the parent or guardian of participant), for myself, my marital community, heirs, personal representatives, and assigns, hereby waive, covenant not to sue, RELEASE and DISCHARGE Generic LLC., Generic Events, Saint John's Health Center, Saint John's Health Center Foundation, City of Santa Monica and members of the City Council, and all of their directors, officers, employees, boards, volunteers, sponsors, representatives and agents (collectively, the "Event(s)" Parties) from any and all liability, loss, damage, claim, action or demand arising from or attributable to my participation in and travel to and from this Event(s), including, but not limited to, liability that may arise out of negligence or carelessness of the Event(s) Parties. I attest that I am physically fit and sufficiently trained for this, my physical condition verified by a licensed M.D. during the last 6 months.

PUBLICITY. I hereby release to the Event(s) Parties full and exclusive rights to record my performance in this race on film, videotape, or still photography for use without compensation to me.

NO REFUNDS. I understand that the entry fee is non-refundable and non-transferable. I also understand the Event(s) will take place rain or shine, at Race Director's discretion.

I have carefully read and fully understand this agreement. I am aware that this is a release of liability, a promise not to sue, and a contract between myself and the Event(s) parties that will bind my marital community, heirs, personal representatives, assigns, and all members of my family, including any minors, and I sign this agreement of my own free will.

Participant name and signature: _____ Parent or legal guardian if participant is under 18 years of age: _____

PRINT NAME: _____ PRINT NAME: _____

SIGNATURE: _____ DATE: ____/____/____ SIGNATURE: _____ DATE: ____/____/____