ENTRY FORM (Please Print – Photocopies OK)

One entry per form. This form may be photocopied.
Please print legibly and USE BLUE OR BLACK INK ONLY.

MAKE CHECKS PAYABLE TO SURF CITY RUN

MAIL TO: Surf City Run c/o Spectrum Sports,
2058 N. Mills Ave. #454, Claremont, CA 91711
Entry Fees are non-refundable and non-transferable.

Office use only

FIRST NAME

LAST NAME

AGE ON RACE DAY

SEX: ☐ M ☐ F

T-SHIRT SIZE: ☐ S ☐ M ☐ L ☐ XL

STREET ADDRESS

CITY

STATE

ZIP

DAY PHONE — —

EMAIL ADDRESS

EVENT:

☐ HB Residents 5K Run/Walk (7:00 a.m.)
☐ Open 5K Run/Walk (8:00 a.m.)
☐ 5K Stroller Run (8:30 a.m.)
☐ Kids Run (9:00 a.m.)

AGE GROUP:

5K Division

☐ 12 & under ☐ 13-18 ☐ 19-24
☐ 25-29 ☐ 30-34 ☐ 35-39
☐ 40-44 ☐ 45-49 ☐ 50-54
☐ 55-59 ☐ 60-69 ☐ 70+

1 Mile Div.
☐ 7-12

1/2 Mile Div.
☐ 6 & under

ENTRY FEES:

5K	*Before June 6, 2010*	$25.00	$ _____
	After June 6, 2010	$30.00	$ _____
Kids Run	*Before June 6, 2010*	$15.00	$ _____
	After June 6, 2010	$17.00	$ _____
TOTAL AMOUNT ENCLOSED			**$** _____

☐ Visa ☐ Mastercard ☐ American Express

Credit Card # _____

Exp. Date _____ Zip Code _____

Signature _____

WAIVER: In consideration of this entry acceptance, I, my heirs, executors and administrators hereby waive any and all rights of claim for damages I may have against the City of Huntington Beach, Spectrum Sports Management LLC, and all co-sponsors, or any individual associated with the above for any and all injuries sustained by me in this event. I will additionally permit the use of my name and pictures in broadcast, telecasts, newspapers, brochures, etc. I also understand that the entry fee is non-refundable and non-transferable. I further attest and verify that I am physically fit and have sufficiently trained for competition and my physical condition has been verified by a licensed medical doctor. THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED.
Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field Regulation 10 and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES. INFORMATION REGARDING DRUGS AND DRUG TESTING MAY BE OBTAINED BY CALLING THE USOC HOT LINE AT 800-233-0393.

Signature of athlete (Signature of parent or guardian if under 18 years) Date

IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter has my permission to compete, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.