

MAIL IN ENTRY FORM - Print legibly in black ink: Mail entry form (no later than 03/1/17) and fee to:
Tustin Hangar Half & 5K, 700 West 1st Street, Suite 7, Tustin, CA 92780



NAME (Last) _____ (First) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTRY _____
SEX (M/F) _____ AGE ON RACE DAY _____ TEAM NAME (IF APPLICABLE): _____ EMAIL _____

Preferred Non-Profit or Charity (Min. 15% of Race Fee will be donated to Designated and Verified Non-Profit or Charity*):

(*Disclaimer: Non-Profit or Charity must be verified. If status cannot be verified, the designated donation will remain in the Event General Fund),

WHEELCHAIR PARTICIPANT (Yes or No) _____ CHECK ONE RACE BELOW:

HALF MARATHON:

\$60.00 (thru 9-30-16) _____; \$70.00 (thru 10-31-16) _____; \$80.00 (thru 11-30-16) _____; \$90.00 (thru 12-31-16) _____; \$100.00 (thru 1-31-17) _____; \$110.00 (thru 2-28-17) _____; \$120.00 (from 3-1-17 thru 3-16-17) _____; In-person registration on Race Day 3-12-17 \$130.00 _____

5K:

25.00 (thru 9-30-16) _____; \$25.00 (thru 10-31-16) _____; \$30.00 (thru 11-30-16) _____; \$30.00 (thru 12-31-16) _____; \$35.00 (thru 1-31-17) _____; \$35.00 (thru 2-28-17); \$40.00 (from 3-1-17 thru 3-16-17) _____; In-person registration on Race Day 3-12-17 \$45.00 _____

LIABILITY RELEASE AND ASSUMPTION OF RISK (For All Race Registrants, Volunteers and Staff)

EACH PARTICIPANT MUST READ: I am voluntarily participating in the Tustin Chamber of Commerce's Inaugural Tustin Hangar Half Marathon and 5k and Race Expo "the "Event")", and do hereby personally assume all risks in connection with the Event for any harm, injury, or damage that may befall me while I am such a participant, including all risks connected therewith, whether foreseen or unforeseen.

I understand and agree that the City of Tustin, The United States Department of the Navy, the Tustin Chamber of Commerce, the Legacy at the District, the Market Place and Old Town Tustin Association, and their affiliated and related agencies and companies, or any participating business, or the municipalities in, through or around which the Event may take place, or any of the aforementioned entities' council members, directors, officers, agents, representatives, employees, predecessors, successors, or assigns (collectively "Released Parties") may not be held liable or responsible in any way for any injury, death, or other damages to me or my family, guests, heirs, or assigns that may occur as a result of my participation in the Event or as a result of the sole or partial negligence of any party, including the Released Parties, whether passive or active.

I hereby consent to receive medical treatment which may be deemed advisable during this event and understand that I am solely responsible for all costs relating to medical transportation and/or evacuation. I will additionally permit the use of my name, likeness and pictures on broadcasts, telecasts, newspapers, brochures, future promotional materials and for any other purpose whatsoever. I understand that the bib numbers assigned to me are not transferable. As a participating athlete, I certify that I am in good health to participate in this event and that all information provided here is true and complete.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGN IT ON BEHALF OF MYSELF AND MY HEIRS, SUCCESSORS AND ASSIGNS.

Participant's Signature • Date _____
Print Participant's Full Name _____

TO BE COMPLETED BY PARENT OR GUARDIAN IF THE PARTICIPANT IS A MINOR (UNDER THE AGE OF 18 AS OF 1-7-17):

I certify that I am an adult and that I am the parent or legal guardian for the participant identified above. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGN IT ON BEHALF OF THE PARTICIPANT, THE PARTICIPANT'S HEIRS AND MYSELF.

Parent/Guardian's Signature _____ Date _____

Print Parent/Guardian's Full Name _____