



# Half Marathon Training Application

## Angel Runners Training Program AND Entry to December 7, 2008 Half Marathon

Email

Primary Email Address \_\_\_\_\_

Please print clearly

Name & Address

First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_

Street \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Male/Female \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Make \$85.00 check payable to City Of Angels Half Marathon.  
Bring this to a Sunday Training Run in Griffith Park  
[www.cityofangelshalf.com](http://www.cityofangelshalf.com)

Shirt Size (XS, S, M, L, XL, XXL)

Waiver

### Code of Conduct

§ Respect the age, race, religion, ethnicity, gender, and sexual orientation of others.

§ Control your conduct during training activities to ensure the safety of others.

Violation of the City of Angels Half Marathon Code of Conduct is grounds for termination of training and entry to December 7, 2008 Half Marathon.

### Waiver Statement

I, for myself and anyone entitled to act on my behalf including but not limited to my personal representative, assigns, heirs, executors, hereby fully and forever waives, releases, discharges and covenants not to sue the State of California, the County of Los Angeles, the City of Los Angeles, all municipal agencies whose property and / or personnel are used, Grove of Hope, the City of Angels Organizing and Training Committee, the USATF, all volunteers and all sponsors (collectively "Releasees"), their representatives and successors from all claims or damages and any demands therefore, on account of injury to me or property or resulting in my death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with my participation in the Half Marathon and its training program. I know that running a half marathon race and participating in a half marathon training program is a strenuous and potentially hazardous activity. I should not participate and run unless I am medically able and properly trained. I elect to voluntarily train for the half marathon and compete in the half marathon and I assume all associated risks including but not limited to, falls, contact with other runners, the effect of the weather conditions including high heat, and / or humidity, and road conditions all such risks being known and appreciated by me. I hereby grant to the medical director(s) of the City of Angels Half Marathon, and his / her agents, affiliates and designees, access to all medical records (and physicians) as needed and I authorize medial treatment as needed.

I acknowledge that the entry fee for training and the half marathon is non-refundable and non-transferable. In the event the any training session or the Half Marathon is delayed or cancelled due to fire, threatened or actual strike, labor difficulty, insurrection war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, hurricanes, tornadoes, earthquakes), or any other cause beyond the control of The City of Angels Half Marathon there shall be no refund of the entry fee or any other costs of me in connection with the Half Marathon and related training.

I grant permission to all the foregoing to use my name, voice, and / or photograph in broadcasts, newspapers, brochures, websites and other media without compensation.

I have carefully read this agreement and understand its contents. I am fully aware that this is a release of liability signed of my own free will.

Signature

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_