



The Christie M. Williams RACE FOR AWARENESS

REGISTER ONLINE AT: NADF.US or COMPLETE THIS FORM AND MAIL BY APRIL 26, 2009 TO:
CHRISTIE'S RUN | 2242 CENTRAL PARK DRIVE | CAMPBELL, CA 95008 | CHRISTIESRUN@GMAIL.COM

YES, SIGN ME UP! Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> 5K (3.1 miles) RUN | <input type="checkbox"/> MALE |
| <input type="checkbox"/> 5K (3.1 miles) WALK | <input type="checkbox"/> FEMALE |
| <input type="checkbox"/> WHEELCHAIR | <input type="checkbox"/> CHILD 12& UNDER |

ENTRY FEES:

- \$20 PRE-REGISTRATION THROUGH APRIL 26
- \$25 RACE DAY REGISTRATION
- \$5 WRIST BAND ONLY

PARTICIPANT'S INFO:

 FIRST NAME

 LAST NAME

 MAILING ADDRESS

 CITY

_____ STATE _____ ZIP CODE _____

EMAIL ADDRESS

 PHONE NUMBER

PAYMENT INFO:

\$ _____ \$ _____
 ENTRY FEE ADDITIONAL DONATION

\$ _____
 TOTAL ENCLOSED

- CHECKS MADE PAYABLE TO:
NATIONAL ADRENAL DISEASE FOUNDATION
- MONEY ORDER

RACE FOR CHRISTIE BEAT ADDISON'S



The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue the Christie M. Williams Race for Awareness, NADF, its parent and affiliated corporations and charities, the City of Campbell, State of California, MJ Insurance, Alpha Phi Foundation and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that the organizer in its sole discretion, may delay or cancel the Event if it believes the conditions on the race day are unsafe. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of the organizer there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. The Athlete hereby authorizes medical treatment as needed. Athlete understands that they have the right to refuse medical. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. ATHLETE HAS READ THE FORE GOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

SIGNATURE

DATE