



Join the Meals on Wheels West LA Marathon team!

Run with us in the LA Marathon on March 18, 2012.

Spots are limited! Sign up now!

All money raised goes directly to providing meals to people who are homebound. \$2190 provides someone with two meals per day, and the ability to live independently with dignity for 365 days.

We pay your race entry (\$1095 raised), we pay for you to train in a professional training program (\$1620 raised), and there are many other goodies along the way!

Fundraising Goals with a Huge Impact:

\$540 = 2 meals per day for 3 months

\$1080 = 2 meals per day for 6 months

\$1620 = 2 meals per day for 9 months

\$2190 = 2 meals per day for 1 year

Please fill out the Meals on Wheels West LA Marathon Team Registration form, and return it in person or by mail to:

Meals on Wheels West, 1823-A Michigan Ave, Santa Monica, CA 90404

Email it to Liz at Elizabeth@mealsonwheelswest.org, or fax it to (310) 857-7802

After receiving your registration form, we will send you a Welcome Packet, with important race, training and fundraising information.

You may also donate to us at www.crowdrise.com/TeamMeals



MEALS ON WHEELS WEST LA MARATHON TEAM REGISTRATION

NAME: _____ GENDER: _____

BIRTHDATE: _____ EMAIL: _____

PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MARRIED? _____ US CITIZEN? _____ EDUCATION: _____

OCCUPATION(optional): _____ ANNUAL INCOME(optional): _____

T-SHIRT SIZE(Please circle one): XS S M L XL XXL

PERSONALIZE YOUR BIB (name you want printed on your bib – 11 character maximum): _____

DIVISION(Please circle one):

Runner/Walker Wheelchair Open Wheelchair Quad Wheelchair Hand Cycle Race-Walker

SHUTTLE TICKETS(Please circle one):

None 2:30am 3:00am 3:30am 4:00am 4:30am 5:00am 5:30am

HOW MANY MARATHONS HAVE YOU FINISHED? _____

HOW MANY L.A. MARATHONS HAVE YOU FINISHED? _DID YOU PARTICIPATE LAST YEAR? ___

WHERE DID YOU HEAR ABOUT L.A. MARATHON? _____

WHERE DID YOU HEAR ABOUT THE MEALS ON WHEELS TEAM? _____

WHO INSPIRED YOU TO RUN THE MARATHON AND WHY?(optional) _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____

RELATIONSHIP: _____

FOR THE SERIOUS RUNNER ----SEEDING CORRAL PLACEMENT----

For placement in Sub 3, Sub 4 or Sub 5 corrals. Assignment to a seeded corral is based on a submitted qualifying marathon time run in the last 12 months. Corrals are offered on a first-come, first-serve basis and assignment is not guaranteed.

NAME OF A MARATHON FOR SEEDING: _____ DATE: _____

FINISH TIME FOR MARATHON(Must be no more than 05:01:00) : ____:____:____ WHAT'S YOUR MARATHON P.R?: ____:____:____



MEALS ON WHEELS WEST LA MARATHON TEAM REGISTRATION

CREDIT CARD INFORMATION:

Your card will not be charged if you reach the designated fundraising levels:

- \$540 raised = Meals on Wheels Team Gear
- \$1095 raised = Meals on Wheels Team Gear, Marathon Registration
- \$1620 raised = Meals on Wheels Team Gear, Marathon Registration, Professional Training Program
- \$2190 raised = Meals on Wheels Team Gear, Marathon Registration, Professional Training Program, Two (2) Special Event Tickets

If you do not reach the designated fundraising levels, we will contact you prior to charging your card.

Credit Card information will not be shared.

All credit card information will be shredded after payment is confirmed.

NAME (As it appears on card): _____

ADDRESS (If different from above): _____

CITY: _____ STATE: _____ ZIP: _____

CREDIT CARD TYPE: _____ SECURITY CODE: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____



2012 LA MARATHON TEAM RELEASE AND WAIVER OF LIABILITY

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

The undersigned athlete ("Athlete"), by indicating his/her acceptance by signing below, understands, agrees, warrants and covenants as follows:

In consideration of the opportunity to participate in the Meals on Wheels West Los Angeles Marathon Team (the "Team"), and Team related events and activities, including, without limitation, the Los Angeles Marathon and/or the LA 5K Run/Walk (the "Marathon") and/or travel to or from the Marathon and/or any training sessions and/or meetings related to my participation in the Marathon (the "Events"), Athlete agrees as follows: Athlete acknowledges that he/she is aware of the inherent risks involved in a strenuous and hazardous athletic event of these types, and Athlete voluntarily assumes these risks. Athlete attests and verifies that Athlete is physically fit and Athlete has sufficiently trained for the completion of the above-referenced Events in which Athlete participates and that Athlete's physical condition has been verified by a medical doctor.

Athlete agrees, on his/her own behalf and on behalf of Athlete's heirs, estate, successors and assigns, to indemnify and hold harmless Meals on Wheels West, its employees, volunteers, officers, board members, or sponsors (the "Organization") against, any lawsuits, claims, or expenses (including attorneys' fees), whether arising from the negligence of the Organization or otherwise; and Athlete fully and forever waives and releases any and all rights and claims for any injuries (including death), or any other liability, to the fullest extent permitted by law, that Athlete has or may have against the Organization relating to Athlete's participation in any Event as a contestant or volunteer. Athlete acknowledges that the ORGANIZATION MAKES NO WARRANTY, EXPRESS OR IMPLIED, REGARDING THE EVENTS and agrees that the Organization will not, under any circumstance, be liable for consequential, indirect, special or similar damages.

Athlete acknowledges that this release and waiver of liability agreement will be used by Organization and that it governs the legal rights and responsibilities of both Athlete and the Organization.

Further, Athlete hereby grants to Meals on Wheels West the worldwide right in perpetuity to use Athlete's name, Athlete's voice, and/or Athlete's picture in any broadcast, telecast, advertising, promotion, or other account of the Events in any form and for any purpose, without compensation or approval.

I understand that if I do not raise a minimum of \$1080, the Organization will not be responsible for paying my Marathon registration fee, and I will be required to pay to the Organization the entire Marathon registration fee amount of \$145. I also understand that if I participate in a professional training program, my check to be paid to Meals on Wheels West in the amount of \$145 will be immediately cashed by Meals on Wheels West, and if I do not raise a minimum of \$1,620 the \$145 will not be refunded. I will remit to Meals on Wheels West all amounts raised by me.

If any Event is canceled by LA Marathon LLC or the Organization due to circumstances beyond reasonable control or as a result of governmental action, the Organization shall have no obligation to refund Athlete's entry fee or any other cost Athlete may have incurred in connection with such Events. In the event of an illness,

injury or medical emergency, I authorize the Organization to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care.

I agree that I will be fully responsible for payment of any and all medical services, ambulance transport service, and treatment rendered to me including medications and hospitalization. I represent that I have secured adequate insurance against any injury or loss that I might sustain during, or as a result of participation in the Team.

Athlete warrants that all statements made herein are true and correct and understand that the Organization has relied on them in allowing me to participate in the Team.

ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, AND UNDERSTANDS THAT ATHLETE IS ASSUMING THE RISK OF, AND RELEASING AND HOLDING HARMLESS THE ORGANIZATION IN CONNECTION WITH ATHLETE'S PARTICIPATION IN THE TEAM.

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 below certifies that Athlete's son/daughter/ward has permission to participate in the Team. 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 such son/daughter/ward is in good physical condition and is able to safely participate in the Event. Athlete's Parent/Guardian hereby authorizes medical treatment for such son/daughter and grants access to such child's medical records as necessary and as stated above.

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

You must be over 18 years of age OR the parent/legal guardian of a minor under 18 years of age OR the legal guardian of an incapacitated and/or mentally challenged person in order to agree to the text above.

Signature

Name

Date

Relationship to Athlete

Name of Athlete (if different than above)

Birthdate of Athlete

Address

City

State

Zip Code

Email

Phone