

FIRST NAME

LAST NAME

GENDER M F

AGE ON 3/18/12

BIRTHDAY: MO-

DAY

YEAR

EMAIL

PHONE NUMBER

ADDRESS (INCLUDING, APT#, SUITE, FLOOR)

COUNTRY

CITY

STATE

ZIP

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

T-SHIRT SIZE

S M L XL XXL

BIB NAME (application must be received by 1/15/12 - 11 character max)

DIVISION

Runner/Walker Wheelchair Open Wheelchair Quad Crank Chair Racewalker

Fees

___ Registration Fee...US \$155

___ Add LA 5K (event day 3/17) to
Marathon Entry...US \$25

Total \$ _____

Mail and make check payable to:

LA Marathon LLC
871 Figueroa Terrace
Los Angeles, CA 90012

Do not mail entries after March 1, 2012.

Applicants after this date may register at the LA
Marathon Expo only if the registration cap has not
been reached.

Shuttle Reservation (leaves from Santa Monica,
choose one)

2:30 3:00 3:30 4:00

4:30 5:00 5:30

Seeded Corrals

- Runners who have finished a marathon in under 3, 4 or 5 hours in the previous 12 months will be eligible for seeding in corrals designed for our faster participants.
- To qualify for these corrals, a copy of a finishers certificate or official results from a sanctioned and certified marathon must be mailed, emailed or faxed with your application within one week of registering to:

Mail:
LA Marathon LLC
871 Figueroa Terrace
Los Angeles, CA 90012

Email:
info@lamarathon.com

Fax:
213-542-3020

- Your request for inclusion in these corrals **must be received in our office by January 15, 2012.**

**TEAM HOSTELLING INTERNATIONAL PARTICIPANT
INFORMATION/WAIVER & AUTHORIZATION FORM (with Club 26.2 Training Program)**

Waiver of Negligence & Complete Release of Liability

I wish to participate in the Hostelling International USA - Club26.2 Run/Walk program (the "Run/Walk Program"), which I understand to be a noncompetitive running, walking, and fitness program. I understand that in participating, I will be using public streets and facilities throughout cities in California, Florida and/or throughout the USA, where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents can occur during road running and that I may be seriously injured or killed as a result. I am voluntarily participating in the Run/Walk Program with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

In consideration for being permitted to participate in the Run/Walk Program, I agree to assume all risks and to release and hold harmless the Los Angeles Council of Hostelling International USA (American Youth Hostels) and its employees, Club26.2, Robert Mills, Euri Mills and any and all coaches associated with the Hostelling International USA - Club26.2 program for any and all consequences of my participation in the Run/Walk Program.

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the Run/Walk Program, even though this liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

I verify that I have full knowledge of the risk involved in participation in the Run/Walk Program. I understand that the Run/Walk Program personnel, including my running coaches, are not licensed physicians and any suggestions or recommendations the Coaches may make regarding any aspect of my training or physical fitness are not being rendered as medical advice. I agree to independently consult my personal physician in the event of any injuries or medical questions relating to my fitness or the Run/Walk Program.

I am physically fit and capable of participating in the Run/Walk Program, and my medical care provider has approved my participation. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in the Run/Walk Program. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I also acknowledge full and sole responsibility for my own medical expenses and I am responsible for any and all medical expenses incurred on my behalf.

****I agree to abide by the fundraising deadlines and guides set by the Los Angeles Council of Hostelling International USA as part of the Team Hostelling International 2012 LA Marathon Program. I authorize the Los Angeles Council of Hostelling International USA to charge the credit card with the information I have provided up to \$750 to cover any and all expenses should the fundraising deadline of March 17, 2012 not be met.***

I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and all of their respective officers, directors, employees, agents and representatives and I sign of my own free will.

THIS IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING BELOW.

X _____
Applicant Name (please print)

Applicant Signature Date

(Parent or Guardian Signature if under 18)

(Credit Card Number – Will not be charged unless fundraising deadline of \$750 by March 17, 2012 is not met)

Card Type: Master Card Visa AmEx CVV: _____ Exp. Date: _____ / _____

(Name on Card – if different than athlete)

(Billing Address incl. ZIP – if different than athlete)