

~ Entry Form ~

Ray Gil & Alan Hunt Mission Memorial

5K Run/Walk and 10K Run

Make Checks to: **Lompoc Valley Distance Club** Memo line Mission Memorial

Mail to: **P.O. Box 694, Lompoc, CA 93438**

Event website: <http://members.impulse.net/~lvdc/>

Race Director Contact: **bettylee0077@msn.com**

Last Name: _____ First Name : _____ Ph#: _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth: (MM/DD/YY): _____ Age _____ Male _____ Female _____

Email Address (optional for event results): _____

See Event Flyer to fill out the following information

Entry Fee (\$2 discount for LVDC members): _____ Award Age Category: _____

Place an X in the event you are entering: 5K Run: ____ 5K Walk ____ 10K Run ____

BIB NUMBER (to be filled out by registration) ____ ____ ____ ____

WAIVER: I realize that the event is physically strenuous, that there may be adverse weather, and there may be vehicles on the course. I wish to compete and assume the risks involved. I am in good health and I have trained adequately. I authorize the event to provide medical attention for me at my expense. I assume the risk of injury at the crowded start, or on the course. I give up any claims for injuries I sustain, including death, and agree to hold harmless the Lompoc Valley Distance Club, its Directors and Officers, employees and volunteers, suppliers, contractors, sponsors, the State of California, the City of Lompoc, and anyone connected with the event. I agree that the race may use photographs taken of me without compensation. I have read and understand all of this. I am making this agreement and paying my entry fee in exchange for the privilege of participating in the event and using the facilities provided.

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(if under 18 yrs old)