

Fill-In Entry Form
Park 2 Park 4mi/8mi
Mail fees to LVDC, P.O. Box 694, Lompoc CA 93438
OCTOBER 16, 2021

Bib #

Last Name: _____ First _____

Ph#: _____

Street Address _____ City _____ State _____

Zip _____

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

Male _____ Female _____

Email Address : _____

Place an X in the event you are entering: 4miRun: _____ 4 mi Walk _____ 8 mi Run _____

8 mi - \$20 (17 and under \$15) 4 mi Run/Walk - \$15 (17 and under \$7) \$3 discount for LVDC members.

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: _____

(if under 18 yrs old) PARENT/GUARDIAN SIGNATURE: _____

(Your typed name is your signature)

**PRINT THIS FORM AND MAIL WITH THE ENTRY FEES TO THE ABOVE ADDRESS POST MARKED
NO LATER THAN OCTOBER 10TH, OR BRING IT WITH YOU ON THE DAY OF THE EVENT.**