

Parental/Waver Form

Please make checks payable to : Palo Alto Weekly MOONLIGHT RUN and mail to : Palo Alto Weekly Moonlight Run, P.O. Box 1610, Palo Alto, CA 94302
ONE ENTRY FORM PER PERSON

CHECK ONE

ON RACE DAY

SEX

M

F

AGE

(12 & under - include t-shirt size and \$15)
(If you are 13-17, please read the instructions above)



Palo Alto



Palo Alto Weekly



LAST NAME

FIRST NAME

ADDRESS

APT #

CITY

STATE

ZIP

T-SHIRT

S

M

L

XL

XXL

5K WALK
7:00 P.M.

10K RUN
8:15 P.M.

5K RUN
8:45 P.M.

PHONE

WAIVER: In consideration of your accepting my entry, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive, and release any and all rights and claims that I may have against the persons and organizations affiliated with the run and sponsoring agencies, and the assignees for any and all injuries suffered by me while traveling to and from, and while participating in the Moonlight Run, or associated activities October 2, 2009. I further attest that I am physically fit and sufficiently trained for participation in this event.

SIGNATURE OF REGISTRANT (parent or guardian if under 18 years of age)
17 and under must have this on Race Night

DATE

AMOUNT

EMAIL ADDRESS

VISA/MASTERCARD

NAME ON CARD (PLEASE PRINT)

EXP. DATE

AMOUNT

SIGNATURE

PHONE