



40th Annual Memorial Run Individual & Team Entry Form



RACE DATE: SATURDAY, APRIL 28, 2018

APPROXIMATE 3.0 MILE COURSE

EARLY REGISTRATION DEADLINE – APRIL 20TH, 2018

INDIVIDUAL OR TEAM CAPTAIN INFORMATION:

NOTE - ONE ENTRY FORM MUST BE SUBMITTED PER INDIVIDUAL OR TEAM. DO NOT COMBINE INDIVIDUALS OR TEAMS ON ONE ENTRY FORM.

Last Name: _____ First Name: _____
 Work Phone: _____ Cell Phone: _____
 _____ Email: _____

Division/Area Representing: _____
 Male: Female: Age: _____ as of race date (individual and Fun Run entry only) T-Shirt Size: _____

I am entering (check one):	Early	Late		Early	Late
1. <input type="checkbox"/> 11 & Under Fun Run/Walk (1 mile)	\$20.00	\$30.00	9. <input type="checkbox"/> Team - Open	\$100.00	\$150.00
2. <input type="checkbox"/> Individual - 12 to 15	\$30.00	\$40.00	10. <input type="checkbox"/> Team - Female	\$100.00	\$150.00
3. <input type="checkbox"/> Individual - 16 to 19	\$30.00	\$40.00	11. <input type="checkbox"/> Team - Mixed (Min of 2 Female)	\$100.00	\$150.00
4. <input type="checkbox"/> Individual - 20 to 29	\$30.00	\$40.00	12. <input type="checkbox"/> Team – Masters (Combined age > 200 years)	\$100.00	\$150.00
5. <input type="checkbox"/> Individual - 30 to 39	\$30.00	\$40.00	13. <input type="checkbox"/> Team – 200lbs (Each member must weight at least 200lbs)	\$100.00	\$150.00
6. <input type="checkbox"/> Individual - 40 to 49	\$30.00	\$40.00	Teams consist of four members		
7. <input type="checkbox"/> Individual - 50 to 59	\$30.00	\$40.00			
8. <input type="checkbox"/> Individual – 60+	\$30.00	\$40.00			

*Price for recruits is \$20

WAIVER: Each runner that is participating must sign the waiver. If the runner is under the age of eighteen, he/she must have a permission signature from his/her parent or guardian. In consideration of the acceptance of the entry, we the participants intending to be legally bound, do hereby, for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge any and all rights or claims for damages which we, or either of us may have of which hereafter occur to us against LAPRAAC, Los Angeles Dodgers, or the City of Los Angeles while participating in said race. I understand as a sworn officer of the Los Angeles Police Department, that this race does not carry coverage for injury on duty status and I will be responsible for any injuries.

INDIVIDUAL ENTRY (ONE ENTRY PER FORM): I have read and agree to the above waiver:
 Signature: _____ Date: _____
 Parent's signature if under the age of 18: _____

TEAM ENTRY ONLY - DO NOT COMBINE A TEAM ENTRY WITH AN INDIVIDUAL ENTRY

Runners Name: LAST, First	Sex	T-Shirt Size	Age	Signature I have read and agree to the above waiver
1.				
2.				
3.				
4.				

Official Use Only:

T-shirt	Paid	Bib #:
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Make payment in-person or by mail. In-person payments will be received in the LAPRAAC Administrative Office. If mailing payment, make check payable to LAPRAAC and send to, LAPRAAC Memorial Relay, P.O. Box 861148, Los Angeles, CA 90086-1148. Office Phone #: 323-221-5222 Ext. 228 or 219