



# Tiny Mile Fun Run



Participant Number

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** ( ) - **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ ( ) -

**Amount Paid** \$ \_\_\_\_\_  **Cash**  **Check** **T-Shirt Size** \_\_\_\_\_ (1<sup>st</sup> 100 Participants)

**Email** \_\_\_\_\_

**Are you interested in learning more about Friends of Lopez Lake?**  **Yes**  **No**

**March 18<sup>th</sup>, 2012**  
**Race Starts at 8:00 a.m.**  
**Rain or Shine... We Run!**  
**\$15.00 race entrance fee**  
**Park Entry Fee**  
**\$10.00 per vehicle!**  
**Register before March 7<sup>th</sup> to guarantee a T-Shirt!**

**Divisions**

Girls  
6-under

Boys  
6-under

**Prizes**  
1<sup>st</sup> 2<sup>nd</sup> and 3<sup>rd</sup> place winners in each division will receive a Medal.

**Mail applications to:**

**Friends of Lopez Lake**  
**c/o Jeannie Keefe**  
**1776 Upper Lopez Canyon Road**  
**Arroyo Grande, Ca 93420**

**ACKNOWLEDGMENT & ASSUMPTION OF POTENTIAL RISK:**

For and in consideration of \_\_\_\_\_ [insert name] (the "Participant") participation in the San Luis Obispo County sponsored recreation program, event and/or fun run, (the "Program"), I acknowledge and agree to each of the following: The County of San Luis Obispo does not maintain health insurance for injuries to Program participants, including the participating minor, that may arise out of their involvement in the Program. The activities which the participating minor may be involved, by their very nature, pose the potential risk of serious injury/illness or death. By signing this form, I agree to assume liability and responsibility for any and all potential risks which may be associated with participating in such activities. The County, its officers, agents and employees, shall not be liable for any injury/illness or death suffered by the Participant which is incident to and/or associated with preparing for and/or participating in the activities and I release, waive, discharge and covenant not to sue the County, its officers, agents and employees for any such liability and from such claims for injury, death or damages. I represent that I the Participant or the participating minor has no known medical condition which may pose a risk to the health and safety of others by participating in the Program and I hereby certify that no physician, surgeon, or other licensed health care practitioner has advised me, after due inquiry, that I the Participant or the participating minor should not participate in the Program. I recognize that participation in all activities of the Program are voluntary. I understand that photos and/or videos of the myself as the Participant or the participating minor's participation in these activities may be taken for the sole purpose of marketing and promotion of future programs. I agree that such photographs, including video and film, of I the Participant or the participating minor may be used without charge by the County of San Luis Obispo.

**SIGNATURE(PARENT/LEGALGUARDIAN)** \_\_\_\_\_

**(PleasePrint):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISQUALIFICATION POLICY:**

\_\_\_\_\_  
 Participant Initials

I, the undersigned, understand that any deviant or inappropriate behavior while participating in or observing activity will result in immediate disqualification. I also understand I will not receive registration refund if disqualified.