

OUR HOUSE Run for Hope Registration Form

Los Angeles Marathon ~ Sunday, March 02, 2008

A separate form must be filled out for each child and each adult

Name: _____ Age: _____ Female Male

Parent/Guardian Name (if participant is under 18): _____

I am a **Child/Teen** participating in the **Run for Hope** (arrival time 9:00 AM)

I am a **Parent/Guardian** running w/child/teen in the **Run for Hope**

I am participating in the (Adults Only) **InMemory Walk** (arrival time 8:00 AM)

I am a **Run for Hope Volunteer**

Address: _____ Phone #: _____

City: _____ Cell #: _____

State: _____ Zip Code _____ Fax #: _____

OUR HOUSE group: _____ Email: _____

I would like my T-Shirt to read as follows:

“I am running in memory of my _____”

Relationship to me

Name (print clearly)

T-Shirt size: **Adult** (circle one) S M L XL 2XL 3XL **Child** S (6-8) M (10-12) L (14-16)

Please submit this form and your photo ASAP

I would like to use last year's scanned photo

I will attend the **Finish Line Party at Public Counsel, 610 S. Ardmore Ave.**

Public Counsel is located 2 blocks east of the OUR HOUSE Finish Line

Participant Release

I, _____, agree (or give permission for) _____ to participate in the **OUR HOUSE Run for Hope** during the Los Angeles Marathon on Sunday, March 2, 2008. (In consideration of the foregoing, I, for myself, and my heirs, assigns, executors, administrators, and trustees, waive and release any and all rights and claims for any injuries and damages, including, but not limited to demands or actions for negligence, premises liability, emotional injury, intentional conduct, tort claims, and any other actions or demands of whatsoever nature that I have or may have against **OUR HOUSE, Inc.**, its employees, agents, contractors, principals, directors, volunteers, sponsors, and representatives.) I acknowledge that there are risks involved in these events and I voluntarily assume these risks. I understand that my child/ren will not be allowed to run beyond their assigned mile markers. I agree to assume responsibility for my child at the designated *drop-off* and *pick-up* mile markers. Should arrangements be made for another adult to serve as chaperone, I agree to provide **OUR HOUSE** with a written statement indicating the name, relationship, and contact number (cell phone # preferred).

I grant permission for **OUR HOUSE** to photograph me/my child/ren and to use this photograph for promotional or public use.

Signature _____

Date _____

For more information and to get your sponsor sheet contact:

OUR HOUSE (310) 475-0299 x500 or (818) 222-3344 x500

or email ourhouse@ourhouse-grief.org

fax 310-475-2985