OUR HOUSE
GRIEF SUPPORT CENTER

Registration Form

Run for Hope ✤ In Memory Walk

Memorial Day ~ Monday, May 25, 2009

*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** (time/location - TBA)

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

☐ I am participating in the (Adults Only) **In Memory Walk** (time/location - TBA)

☐ I am a **Run for Hope Volunteer**

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

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 by, Monday, May 4th 2009

☐ I would like to use last year's scanned photo ☐ My photo is enclosed

I will be attending the **Finish Line Party** at **Grand Hope Park** (W 9th Street & Hope): ☐ Yes ☐ No

Participant Release

I, _____, agree (give permission for) _____to participate in the OUR HOUSE **Run for Hope** during the Los Angeles Marathon on Monday, May 25, 2009. (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 are not allowed to run beyond their assigned mile marker/finish line. I agree to assume responsibility for my child/ren during the entire event. Should arrangements be made for another adult to serve as chaperone for my child/ren, I agree to provide OUR HOUSE with a signed statement indicating the name, relationship, and contact number (cell phone # preferred) for the chaperone.

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

_____ _____

Signature Date

For more information or to receive your sponsor sheet, please contact Stacey at:
(310) 475-0299 x217 / Stacey@ourhouse-grief.org OR visit our website: www.ourhouse-grief.org