

**Eastern Sierra Cancer Alliance
Nineteenth Annual 5K WALK/5K FUN RUN
Saturday, OCTOBER 19, 2019
Registration Form**

T-Shirt Rec'd	Race Bib #
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I'm registering for the: 5K WALK 5K FUN RUN

Last Name First MI Age on Race Day

Address City, State, Zip

Phone Number Race Day Emergency #

EMAIL (Will save paper & postage next year)

T-shirt size (adult) : S M L XL 2XL 3XL I'm Fighting Cancer or am a Cancer Survivor?

Pre-Registration Fee (by October 16, 2019): \$30 adult/teen, \$15 youth (12 and under)
Race Day Registration Fee: \$40 adult/teen, \$20 youth (12 and under)

Registration Fee \$_____ Checks payable to: Eastern Sierra Cancer Alliance (ESCA)
Additional Donations \$_____ If mailed, postmark by Oct 12, 2019 to: PO Box 1523, Bishop CA 93515
TOTAL: \$_____ Payment Method _____

Yes, I would like to volunteer for ESCA! Call me! I have skills and time to offer!

*I, the undersigned as a condition of participating in this event, do hereby for myself, my heirs, executors, and administrators, indemnify and hold harmless the Eastern Sierra Cancer Alliance, the City of Bishop, the City of Los Angeles, the Los Angeles Department of Water and Power, the Board of Water and Power Commissioners of the City of Los Angeles, Northern Inyo Healthcare District, and any subsidiaries and related entities, such as its officers, directors, sponsors, employees, lessees, or any agencies or individuals associated with this event for any and all injuries sustained by me in the course of this event. I hereby waive any and all rights of claim for damages I may have against the foregoing, their officers, directors, sponsors, or any agencies or individuals associated with this event for any and all injuries sustained by me in the course of this event. I understand that **children age 12 and under registered to participate must be accompanied by a parent or guardian** and may not be left unattended by that parent or guardian. If I choose to bring a dog on the walk or run, I will keep the dog on leash and under control at all times and I will be responsible for all of its actions, financially and otherwise. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, verbal or written statements, or any other record of this event for any legitimate purpose without my consent. I am of legal age, have read this release, fully understand it, and freely agree to all of its terms.*

Participant's Signature _____ Date _____

Every participant must sign! Participants under age 18 must have a parent/guardian signature.

DATE: Saturday, October 19, 2019 **Place:** Bishop City Park, Main Street Gazebo
TIMES: Event Registration: 7:30am – 9:00am **Walk/Run:** 9:00am **Course Sweep:** 10:30am

Early bird pre-registration and T-shirt pickup: Wednesday, October 16, 2019
Place: Northern Inyo Hospital Administration Breezeway

After your walk or run, enjoy the breakfast bar, visit the informational booths, and stay for the raffle prizes!

