REGISTRATION FORM



Participant Name	Team Name (if applicable)		
Address			
City	State		Zip
Phone	Email		
Birthday Age on Race Day		Gender:	Female / Male
Yes, I'd like an event t-shirt (available when Please select a size: Adult: S M L XL >	you raise or donate a	minimum of \$1 th: S M L	above the registration fee)
Yes, I'd like to donate back to the fight! Ple	ase do not send me a	fundraising prize	e. Prizes start at \$100.
PAYMENT INFORMATION			
5K Registration: \$40 Adult Participant (18+) Youth Partic Kiddie Fun Run (age 10 & under): \$25			Ides 1 Adult + 1 Stroller) \$5 d, but I want to fundraise):
Additional Donation: \$ Total Contribution: \$			
□ Check # □ MasterCard □ VIS.	A 🗖 AMEX Exp. Da	te:	Last 4 Digits:
Credit Card #			
Name on Credit Card (please print)			
Billing Address (if different than above)			
Cardholder Signature			

Please mail completed form with payment for receipt no later than 10/1/23 to: Kickin' Cancer! 1112 Montana Ave, Suite 861 Santa Monica, CA 90403

WAIVER: Must be signed by all entrants. With my signature, I acknowledge that running and walking can be an inherently strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against the Lynne Cohen Foundation, MTZ Productions, USATF, all race sponsors, officials, volunteers, employees of The City of Los Angeles and all governmental entities, and any personnel functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes, or quotations from me in accounts and promotions in any medium of this event, and of the activities of the Lynne Cohen Foundation. This permission is perpetual and worldwide. SIGNATURE: