

Marinwood's

Family Fun Run & Walk



Saturday, July 21, 2012

5k, 10k & 100yd kid's dash

**Check-in 8:30am
RACE STARTS AT 9AM**

**Pre-Registration: \$10 Individual, \$30 Family (up to 4)
\$5 each additional family member**

**On-site Registration: \$15 individual, \$40 Family
\$5 each additional family member**

**Marinwood Community Services District
775 Miller Creek Road, San Rafael, CA 94903
Phone (415) 479-0775 www.marinwood.org Fax (415) 479-7759**

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**Entry Type options: 5k, 10k, 100yd kid's dash
Register by July 1 to guarantee you receive a t-shirt**

Note – Family Entries do not have to participate in the same distances. The 100yd Kids dash will take place after the 10k ends, so kids can participate in both. Kids dash is for 12 & under.

Participant's Name	DOB	Shirt size	Individual or Family entry?	Fee
Total Fees \$				

All registrations are on a first-come, first-serve basis. Registrations can be made in person, by mail or by fax (with Visa/Mastercard), along with a completed registration form. Upon receipt of your registration form and payment, you will be automatically registered unless notified that the event is cancelled, in which case a full refund will be granted. Refunds, less \$10 processing fee, will be issued if activity is cancelled by participant 2 business days prior to the event day. No refunds will be issued on or after activity.

PRIMARY ADULT CONTACT:

Last Name	First Name	
Residence Address ()	City	State/Zip
Home Phone	Email	

Additional Information (drug, food, bee sting allergies or special needs/accommodations) describe below:

I hereby agree to indemnify and hold harmless the Marinwood Community Services District and its officers, employees and volunteers from and against any and all liability for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the above activity. I recognize that bodily injury may be sustained through participation in this activity and acknowledge that I/we voluntarily accept all risks of injury. In case of emergency, my child may be treated by a qualified physician. I give permission to use my or my child's photograph in the Marinwood Review, brochures, or other publicity.

Signature _____ Date _____

The Marinwood CSD programs and facilities are available to the public without regard for race, color, national origin, or disability. Any individual that believes he/she has been subjected to discrimination, may file a complaint alleging discrimination with the Marinwood CSD to U.S. Department of Interior, Washington D.C., 20240.

Cash
 Check (payable to MCSD)
 Credit Card Authorization
 Visa
 Mastercard
 AmExpress

Card #:
 Expiration Date -

Billing Zip Code:

 Authorized Signature (as shown on credit card)

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