



all-women

Half Marathon & 5K

and kids' run

May 30, 2009 • 8:00 a.m. start
Crown Memorial Park • Alameda, CA

Individual Sign Up - Bay Area

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone 1 (____) _____ Phone 2 (____) _____

E-mail _____

Required. Please print carefully. We never share.

Birthday ____/____/____

T-shirt Size (circle one) ♀ S M L XL

Participant Signature _____

I read and agree with the waiver

Date ____/____/____

Kids' Run

Kid's Name I _____ Age _____

Kid's Name II _____ Age _____

Kid's Name III _____ Age _____

Guardian Signature _____

I read and agree with the waiver.

Use separate form for kids with different guardians or emergency contacts.

Emergency Contact (required)

Full Name _____

Phone 1 (____) _____ Phone 2 (____) _____

How did you hear about us? _____

Drop this form at any **See Jane Run** store, or mail / fax to:

See Jane Run

2476 Harrison Street,
San Francisco, CA 94110

fax: 415-738-2100

Fees are non-refundable and non-transferable.



Race

before 4/30/09 before 5/30/09

1/2 Marathon \$ 85 \$ 95

5K \$ 45 \$ 55

Kids' \$ 10 \$ 15

Extra donation to Girls Inc.

Total \$

Payment

Check # _____ Cash

Credit Card (Visa / MC / AMEX / Disc) Expires ____/____

Card Number _____

Name on Card _____

Signature _____

Participation Waiver

ALL PARTICIPANTS IN ANY RACE, TRAINING AND/OR RELATED EVENTS CONDUCTED BY SEE JANE RUN ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THE GENERAL RELEASE AGREEMENT.

The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to bring any legal action or seek to hold liable Jane's World Inc. d.b.a. See Jane Run, its officers, and employees, race officials, race volunteers, states, cities, towns, and other governmental bodies and locations in which the See Jane Run training, races and/or related events, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above, any or all of the charities affiliated with the See Jane Run training, races and/or related events all municipal agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies, organizations, or individuals related to the See Jane Run training, races and/or related events, and the directors, officers, affiliates, employees, representatives or other relations to such entities (collectively, the "Releasees"), from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims of demands therefore, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Athlete's participation in the See Jane Run training, races and/or related events.

The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the See Jane Run training, races and/or related events. The Athlete is fully aware of the risks and hazards inherent in participating in the See Jane Run training, races and/or related events, knowing the risks associated with the See Jane Run training, races and/or related events. The Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the See Jane Run training, races and/or related events. The Athlete agrees to permit the use of his/her name, voice, picture, or photograph, in any broadcast, telecast, commercial advertisement, promotion, brochures, and other media without compensation and without notice and I waive any rights to future compensation to which I might otherwise have been entitled for such use by Jane's World Inc. The athlete acknowledges that providing their email address on the entry form entitles the See Jane Run to email him/her related topics. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete hereby grants to the medical director of the See Jane Run training, races and/or related events, and their agents, affiliates and designees access to all medical records (and physicians) as necessary and authorizes medical treatment as needed. The Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the See Jane Run training, races and/or related events.

IF ATHLETE IS UNDER AGE 18: The parent/guardian certifies that my son/daughter has my permission to participate in the See Jane Run training, races and/or related events. The parent/guardian has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the See Jane Run training, races and/or related events. The parent/guardian authorizes medical treatment for my son/daughter as needed and grants access to my child's medical records as necessary.

3910 24th St, San Francisco, CA 415-401-8338
5817 College Ave, Oakland, CA 510-428-2681
3480 Blackhawk Plaza, Danville, CA (opening Winter 2009)
814 W Idaho St, Boise, ID 208-338-5263

www.seejanerun.com

