

OFFICIAL ENTRY FORM

Make checks payable to: **SURF CITY 10**
 Complete this entry form & submit to:
RaceForce, 7080 Hollywood Blvd,
4th Floor, Hollywood, CA 90028
 Please print. O.K. to photocopy.



Sorry, we cannot accept entries postmarked after October 07, 2016.

Pacific Coast Highway

- 10-Miler
- 10K
- 5K

Age (Race Day)	Date of Birth	M	F
<input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name		
<input type="text"/>	<input type="text"/>		
<input type="text"/>			
City			
<input type="text"/>			
State	Zip/Postal Code	Country (if not USA)	
<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	
Phone	E-Mail Address		
<input type="text"/>	<input type="text"/>		

Expected Finishing Time? _____

How did you hear about this event? _____

T-Shirt Size

Finishers Shirts are Performance Technical Shirts available in Unisex & Women's Specific Sizes.
 Please check one box.

Women's XS S M L XL XXL

Unisex XS S M L XL XXL

WAIVER: (MUST BE SIGNED)

PARTICIPANTS IN THE SURF CITY BEACH DERBY AND RELATED EVENTS ("Activities") ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE ACTIVITIES BY ACKNOWLEDGING THIS 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 sue the City of Huntington Beach, the State of California, the Pacific Shoreline Marathon, LLC, Beach Derby, LLC, Raceforce LLC, Kinane Events, USATF and all municipal agencies whose property and/or personnel are used, including medical personnel, volunteers, staff and all other sponsoring or co-sponsoring companies or individuals, related to the Activities (collectively "Releases") 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 or 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 Activities. The Athlete is fully aware of the risks and hazards inherent in participating in the Activities and hereby elects to voluntarily compete in the Activities, knowing the risks associated with the Activities. The Athlete hereby promises to record any relevant medical information and emergency contact information on the back of his/her race bib for the duration of his/her participation and thereby grants to the medical affiliates and designees, access to all medical records as needed and authorizes medical treatment as needed. 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 Activities.

ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

Participant Signature (parent signature required if entrant is under 18) _____ Date _____