TUSTIN PUBLIC SCHOOLS FOUNDATION

# TEAM ENTRY

Dino Dash

Entry fees are non-refundable and non-transferable. Event takes place rain or shine! Dogs not allowed in expo or on course.

Mail registration and check payable to Tustin Public Schools Foundation to TPSF, 150 El Camino Real, Suite 140, Tustin, CA 92780.

## INDIVIDUAL ENTRY #1

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Birthdate ☐☐/☐☐/☐☐ Age ☐☐ Gender ☐ M ☐ F

Street Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip ☐☐☐☐☐

Day Phone ☐☐☐☐☐☐☐☐☐☐ Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Youth 5K $15 ***OR*** ☐ Adult 5K $35 T-Shirt Size YS YM YL AS AM AL AXL

**FEE $_____**

**Waiver (must be signed)**

I hereby release the Dinosaur Dash Committee, City of Tustin, Tustin Public Schools Foundation, USATF, The Market Place, Make-U-Fit Productions, LLC, Renegade Racing, all representatives and agents of any of the foregoing, and all municipal agencies whose property and/or personnel are used, and other sponsoring company(ies), agency(ies), or individual(s) from responsibility for any injuries or damages I/my child may suffer as a result of participating in the Dinosaur Dash. I hereby certify that I/my child am/is in good condition and able to safely compete in this event. I understand that all Bike Tour participants are required to wear an approved helmet with chin strap, which is the law for persons under 18 years old. I will additionally permit use of name and pictures of me/my child in broadcasts, telecasts, newspapers, brochures, etc. and I also understand that the entry fee is non-refundable and non-transferable. As a participating athlete, I certify that all information provided in this form is true and complete. I have read the entry information provided for the event and certify compliance by me/my child by signature below. IF ATHLETE IS UNDER AGE 18, this is to certify that my son(s)/daughter(s), listed above, has/have my permission to compete in the Dinosaur Dash, is/are in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

_____ _____

Signature Participant #1 (or parent/guardian) Date

## INDIVIDUAL ENTRY #2

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Birthdate ☐☐/☐☐/☐☐ Age ☐☐ Gender ☐ M ☐ F

Street Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐ Zip ☐☐☐☐☐

Day Phone ☐☐☐☐☐☐☐☐☐☐ Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ Youth 5K $15 ***OR*** ☐ Adult 5K $35 T-Shirt Size YS YM YL AS AM AL AXL

**FEE $_____**

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_____ _____

Signature Participant #2 (or parent/guardian) Date