

Family Pack Registration

Team/Family Name: _____

Address: _____

City: _____

State: _____

Zip: _____

ADULT #1

Racing Event: ___ 1.8-Mile (Untimed) ___ 4-Mile (Timed)

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Date of Birth: _____

Sex: ___ Male ___ Female ___ Non-binary

Are you an attorney competing for the title of Sacramento's Fastest Attorney?

___ No

___ Yes, Firm/Agency Name: _____

Shirt Size: ___S ___M ___L ___XL ___XXL

___ Tech Shirt Upgrade* (+\$10)

ADULT #2

Racing Event: ___ 1.8-Mile (Untimed) ___ 4-Mile (Timed)

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Date of Birth: _____

Sex: ___ Male ___ Female ___ Non-binary

Are you an attorney competing for the title of Sacramento's Fastest Attorney?

___ No

___ Yes, Firm/Agency Name: _____

Shirt Size: ___S ___M ___L ___XL ___XXL

___ Tech Shirt Upgrade* (+\$10)

CHILD #1

First Name: _____

Last Name: _____

Date of Birth: _____

Sex: ___ Male ___ Female ___ Non-binary

T-Shirt Size: Adult: ___S ___M ___L ___XL ___XXL Youth: ___S ___M ___L

Family Pack Pricing

11/15/19 - 12/31/19: \$90

01/01/20 - 02/03/20: \$90

02/04/20 - 02/08/20: \$120

**Tech shirt upgrades only available in adult sizes; must submit 02/03/2018.q*

Payment Methods

Checks: Please make checks payable to LSNC and mail with your registration form to LSNC Valentine Run, 517 12th Street, Sacramento, CA 95814.

Credit/Debit Card: Credit/debit card payments may be submitted by completing the form below.

CHILD #2

First Name: _____

Last Name: _____

Date of Birth: _____

Sex: ___ Male ___ Female ___ Non-binary

T-Shirt Size: Adult: ___S ___M ___L ___XL ___XXL Youth: ___S ___M ___L

BOTH ADULTS MUST SIGN AGREEMENT

Agreement. In consideration of my participation in this event, I, intending to be legally bound, do hereby for myself and my heirs, executors, and administrators waive and release any and all rights and claims of damages I may accrue against all persons and organizations affiliated with the event VALENTINE RUN/WALK - RACE FOR JUSTICE on FEBRUARY 8, 2020, which may arise from my participation in or while traveling to or from the event, even if caused in whole or in part by the negligence or other fault of the parties or persons I am hereby releasing. I attest that I am physically fit and sufficiently trained for this event. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from the event. I agree to abide by all the rules of this event as well as any decisions made by race officials regarding my participation. I hereby grant permission for the organizers to use any photographs, quotes, or videos of me for legitimate promotion of this event. **I understand that no refunds will be issued.** If you are registering a child under the age of 18 or an incapacitated adult you warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration, you agree that the terms of this Agreement shall apply equally to all Registered Parties.

I acknowledge that I have read and understand all of the above.

Adult #1 Signature

Date

Adult #2 Signature

Date

CREDIT/DEBIT CARD PAYMENT FORM

Registration Fee: \$ _____

Tech. Shirt Upgrades: \$ _____

Donation Amount: \$ _____

TOTAL AMOUNT DUE: \$ _____

Cardholder Name: _____

CC #: _____

Exp. _____ Phone: _____

Billing Address: ___ Same as Above

Cardholder Signature: _____
