

ENTRY FORM (Please print - photocopies OK)



MAIL TO: Redondo Beach Chamber of Commerce,
 Super Bowl 10K/5K, 119 W. Torrance Blvd., Suite 2, Redondo
 Beach, CA 90277.
Entry fees are non-refundable and nontransferable.

Office use only

One entry per form. Photocopies allowed. Please print clearly and use blue or black ink only.

FIRST NAME

LAST NAME

GENDER FEMALE MALE **BIRTH DATE** - -

EMAIL ADDRESS

STREET ADDRESS

CITY

STATE **ZIP** **DAY PHONE**

EVENT

- 10K run 5K run/walk Baby Buggy 10K Kids Run

AGE DIVISIONS (age on race day)

- 14-UNDER 15-18 19-24 25-29 30-34 35-39
 40-44 45-49 50-54 55-59 60-64 65-69
 70-74 75-79 80-84 85-Over

ENTRY FEES

5K Entry: Until Jan. 7th, 2019	\$35	\$ _____
5K Entry: Starting Jan 8th, 2019	\$40	\$ _____
5K Entry: During Race Weekend Expo (Feb. 2nd & Feb. 3rd)	\$40	\$ _____
10K & Baby Buggy 10K Entry: Until Jan. 7th, 2019	\$40	\$ _____
10K & Baby Buggy 10K Entry: Starting Jan 8th, 2019	\$45	\$ _____
10K & Baby Buggy 10K Entry: During Race Weekend Expo (Feb. 2nd & Feb. 3rd)	\$45	\$ _____
Kids Run:	\$10	\$ _____
Kids Run: During Race Weekend Expo (Feb. 2nd & Feb. 3rd)	\$15	\$ _____

TOTAL AMOUNT ENCLOSED (check or money order) \$ _____

Please read and sign the waiver below. If your waiver is not signed, you will not be allowed to participate in the race.

WAIVER: In consideration of this entry acceptance, I, my heirs, executors and administrators hereby waive any and all rights of claim for damages I may have against the City of Redondo Beach, The Redondo Beach Chamber of Commerce, Spectrum Sports Management, Inc. and all co-sponsors or any individual associated with the above for any injuries sustained by me in this event. I will additionally permit the use of my name and pictures in broadcast, telecasts, newspapers, brochures, etc. I also understand that the entry fee is non-refundable and non-transferable. I further attest and verify that I am physically fit and have sufficiently trained for competition and my physical condition has been verified by a licensed medical doctor. **THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED.** Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field regulation 10 and IAFF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and lose eligibility for future competition. **SOME OVER-THE-COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES. INFORMATION REGARDING DRUG TESTING MAY BE OBTAINED BY CALLING THE USOC HOT LINE AT 800-233-0393.**

Participant _____ Date _____

Parent/Legal Guardian Signature _____ Date _____
 (Required if participant is under 18 years of age)