



TEAM HDSA-Run For a Cure-Half Marathon/12K  
Training Program

# Registration Form

Training begins Saturday, Aug.11, 2007

And concludes with the US Half Marathon/12K - Nov.4, 2007

**\*NOTE-MAIL REGISTRATION FORM TO 'TEAM HDSA' AT P.O. BOX 590355, SAN FRANCISCO, CA. 94159-0355. REGISTRATION DOCUMENTS MUST BE RECEIVED NO LATER THAN FRIDAY, AUGUST 9, 2007 TO GUARANTEE YOUR SPOT IN THE PROGRAM!**

## General Information

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Mailing Address Suite/Apt. No.

\_\_\_\_\_  
City State Zip

( ) ( ) ( )  
Home Phone Work Phone Mobile Phone

\_\_\_\_\_  
Email Address - We will be communicating training schedules and fundraising information by email.

\_\_\_\_\_  
Occupation Employer

T-Shirt Size:  S  M  L  XL Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on race day: \_\_\_\_\_

I'm interested in participating in the: Half Marathon Training  12K Training

Have you run a half-marathon or 12K before? Yes No

## Emergency Contact Information

\_\_\_\_\_  
First Name Last Name Relationship

\_\_\_\_\_  
Mailing Address Suite/Apt. No.

\_\_\_\_\_  
City State Zip

( ) ( ) ( )  
Home Phone Work Phone Mobile Phone

\_\_\_\_\_  
Email Address



TEAM HDSA-Run For a Cure–Half Marathon/12K Training Program

# Fundraising Commitment

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## Fundraising and Participation

Huntington's Disease Society of America (HDSA) is a national non-profit organization dedicated to finding a cure for Huntington's Disease (HD) while providing support and services for those living with HD and their families. HDSA promotes and supports both clinical and basic HD research, aids families in coping with the multi-faceted problems presented by HD and educates the families, the public and health care professionals about Huntington's Disease.

HDSA Northern California is your local HDSA chapter serving the entire Northern California and Northern Nevada regions. Located in West Sacramento, HDSA Northern California serves approximately 1,000 families and organizations in our HD community.

HDSA will take on all costs of hosting HDSA Run For a Cure including training fees, t-shirts, and fundraising support.

As a HDSA Run For a Cure team member I understand that it is my responsibility to raise the minimum goal of \$700 for 12K or \$1,300 for a half marathon. All contributions, whether checks, credit cards or cash, must be received on or before the fundraising deadline in order to continue in the Training Program, qualify for the half marathon registration fee reimbursement. I understand that all the contributions processed by the HDSA development office are non-refundable, even if I do not complete the Training Program or participate in the 12K or half marathon. If I have not met the minimum fundraising requirement by the deadlines, I may make my own donation to reach that minimum, or I may choose not to participate.

I am committed to raising the following amounts by the designated dates below:

### Fundraising Deadlines

#### Half Marathon Participants

September 3, 2007	at least \$400
October 1, 2007	at least \$900
October 29, 2007	at least \$1300

#### 12K Participants

September 3, 2007	at least \$200
October 1, 2007	at least \$400
October 29, 2007	at least \$700

I have read, understand and agree to the above.

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Signature of Applicant

Print Name of Applicant

Date



## TEAM HDSA-Run For a Cure-Half Marathon/12K Training Program

# Waiver of Negligence & Complete Release of Liability

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### Waiver & Release of Liability

I wish to participate in Team HDSA ("TEAM HDSA") which I understand to be a 12 week training program culminating in the US Half Marathon or 12 on November 4, 2007. I understand that any fitness activities associated with TEAM HDSA leading to and including the US Half Marathon (13+ miles) or US 12K (7.6 miles) may be an extreme test of my physical and mental abilities.

I acknowledge further that any and all such TEAM HDSA activities carry with them the potential for harm -- both to myself and to my property, including but not limited to, loss of or damage to my possessions, bodily injury, and death. I hereby certify that I understand and accept any and all risks associated with my participation in TEAM HDSA, and I agree to release and hold harmless Huntington's Disease Society of America of Northern California, other presenters and sponsors of TEAM HDSA, and any and all trainers for TEAM HDSA including without limitation Matt Forsman, Marathon Matt LLC (MM LLC), Marathon Matt's trainer subcontractors and employees, and any and all TEAM HDSA associated persons and/or entities ("Parties"), from and against any and all liability, for any and all harm to myself or to my property, that may arise from my participation in TEAM HDSA.

I am in good health, physically fit, and capable of participating in TEAM HDSA, and my medical care provider has approved my participation. If I am aware of or under treatment for any physical infirmity, ailment or illness, or if I am taking any prescription or over-the-counter medications, my medical care provider knows of and has approved my participation in TEAM HDSA. I understand, or will educate myself about, the dangers of dehydration and hyponatremia (low blood sodium) and will take precautionary measures to prevent these conditions. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I also acknowledge full and sole responsibility for my own medical expenses, and I am responsible for any and all medical expenses incurred on my behalf.

I will read the description and guidelines for participation in TEAM HDSA, and I will abide by any rules and regulations established by TEAM HDSA organizers and personnel as well as the laws of any county, city, or other jurisdiction in which I will train.

I understand that my name, photograph, voice or likeness may be used by Huntington's Disease Society of America of Northern California, their licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive any rights of privacy and/or publicity I may have in connection therewith.

I understand that, in the event that any one or more of the provisions contained in this Waiver and Release shall, for any reason, be held to be invalid, void, illegal or unenforceable in any respect, such invalidity, voidness, illegality or unenforceability shall not affect any other provision of this Waiver and Release, and the remaining portions shall remain in full force.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I am aware that this is a RELEASE OF LIABILITY and a contract between me and Huntington's Disease Society of America of Northern California, Marathon Matt LLC., and all of their respective officers, directors, employees, agents and representatives, and I sign of my own free will.

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Signature of Applicant

Print Name of Applicant

Date