



LONG BEACH INTERNATIONAL CITY BANK MARATHON WAIVER

I hereby release International City Racing, RUN Racing, Long Beach International City Bank, the City of Long Beach, Long Beach Memorial Medical Center and Miller Children's Hospital, and all other sponsoring company(ies) or agency(ies) or individuals involved in the event from responsibility for any injuries or damages I may suffer as a result of my participation in the Long Beach International City Bank Marathon and related events. I hereby consent to receive medical treatment which may be deemed advisable during the event and understand that I am solely responsible for all costs relating to medical transportation and/or evacuation. I will additionally permit the use of my name and picture in broadcasts, telecasts, newspapers, brochures and etc., and I also understand that the athlete identification numbers are not transferable. As a participating athlete I certify that I am in good health, am able to participate in this event and that all information provided on this form is true and complete.

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Name

Date of Birth

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Signature

Date