ENTRY FORM

Winter Pineapple Classic 2013
Please print. Late fees apply starting 11/04/13. Entry deadline is 11/07/13.
No registration refunds.

To enter, mail check and form to The Leukemia & Lymphoma Society: 123 NW 36th St #100, Seattle, WA 98107, or register online at www.winterpineappleclassic.org.

Registration confirmation and assigned starting time will be emailed to you. After registering, you will also be given a free online fundraising page. All participants must fundraise $50/person in addition to registration fee. All proceeds benefit The Leukemia & Lymphoma Society.

Type of entry (you must fill in ALL boxes to avoid delay in processing)

☐ **Age on day of race**
(8 yrs and older only)

☐ **Gender**

☐ **T-shirt size**
o Adult o Youth
(unisex sizing XS-XXL or youth size S,M,L)

○ Individual

○ Team
- ○ Single gender
- ○ Co-ed

Race category
○ Honu (turtle) ○ Wiki (fast) ○ Kekoa (warrior)

Name _____

Team Name _____

Team Captain's Name _____

Address _____

City, State, Zip _____

Day Phone _____ Emergency Phone _____

Email (for event updates, we do not share email addresses) _____

Credit Card Option: o Visa o MasterCard o Discover o American Express

Card Number _____

Expiration Date _____ V-Code _____

Signature _____

Waiver (all participants must sign)

I, intending to be legally bound, understand and agree that I am voluntarily participating in the following Leukemia & Lymphoma Society (LLS) event: The Winter Pineapple Classic, aka Pineapple Classic 5k (Event) at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating in the Event.

In consideration of being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and agree to hold harmless The Leukemia & Lymphoma Society, Inc. and its affiliates, their officers, trustees, agents, employees and representatives, successors and entities (be they individuals or organizations, singly and collectively) (LLS), together with their insurers,Mountain Meadows Farm, City of North Bend, and Event Sponsors and their associated entities, employees and their agents of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the following: death, bodily injury, property damage or any other loss or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in the Event (Liabilities).
I also give permission for the free use of my name, picture and voice in any broadcast, telecast, print account or any other account in any medium of this Event.

Date: _____ Signature of Participant: _____

*Must be signed by parent or legal guardian if participant is under age 18 on the date this Release is signed.

The undersigned certifies that he/she is the parent or legal guardian of the participant, and as such and on behalf of myself and the participant, agrees to the term of the Release, releases all parties and entities set forth above from all Liabilities and indemnifies and holds harmless LLS from all Liabilities.

Date: _____ Signature of Parent/Guardian: _____