



## VOLUNTEER REGISTRATION FORM

Volunteer Name \_\_\_\_\_

Volunteer Group \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

T-Shirt Size (please circle one)      S      M      L      XL

### SIGN WAIVER

In consideration of this volunteer entry acceptance, I hereby agree to waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance the City of Dana Point, its officers, employees and agents, Golden Legs Racing CA, Inc., the County of Orange, Doheny State Beach Interpretive Association, the State of California and California State Parks from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the City of Dana Point, its officers, employees and agents, Golden Legs Racing CA, Inc., the County of Orange, Doheny State Beach Interpretive Association, the State of California and California State Parks. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Is agree to indemnify and to hold harmless the City of Dana Point, its officers, employees and agents, Golden Legs Racing CA, Inc., the County of Orange, Doheny State Beach Interpretive Association, the State of California and California State Parks from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. I 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 this race and my physical condition has been verified by a licensed medical doctor. THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**SIGNATURE OF participant (parent or guardian if under 18 years old).** If participant IS UNDER 18 years old: This is to certify that my son/daughter has my permission and is in good physical condition. GOLDEN LEGS RACING CA, INC. officials have my permission to authorize emergency treatment if necessary.

We look forward to working with you at this exciting race. If you have any questions, please contact Laura Ouimet, information listed below



Golden Legs Racing CA, Inc.  
[lkouimet@goldenlegsracingca.com](mailto:lkouimet@goldenlegsracingca.com)  
[www.goldenlegsracingca.com](http://www.goldenlegsracingca.com)