

THE FOUNDATION OF HOPE & INNOVATION 5K FUN RUN & WALK

Registration Form



Check-in/Breakfast
8:00-9:00 a.m.

Opening Ceremony/Warm up
9:00 a.m.

Run/Walk Begins
9:15 a.m.

Closing Ceremony/Lunch/Raffle
10:00 a.m. - 11:00 a.m.

**SATURDAY,
APRIL 23, 2016
MARINE STADIUM PARK
5255 Paoli Way Long Beach, CA 90803**

**EARLY BIRD REGISTRATION
\$20 ADULT REGISTRATON UNTIL MARCH 25**

**PRE-REGISTRATION FEE (UNTIL APRIL 17):
\$25 ADULT 18+
\$15 KIDS & TEENS**

**DAY OF REGISTRATION FEE:
\$30 ADULT 18+
\$20 KIDS & TEENS**

(Please detach and turn in with registration fee)

PARTICIPANT'S INFORMATION

Name _____

Date of birth ____/____/____

Address _____

Gender: (Please circle) F / M

City/State/Zip _____

Phone Number _____

E-mail _____

Parent's Name (if child is under 18) _____

Shirt Size: (Kid) Large (Adult) S M L XL XXL

(Please Circle) Individual / Team

Team Name _____

You may register in one of the following ways (We accept cash, check, and major credit cards):

- Mail the registration form with payment (checks payable to The Foundation of Hope and Innovation) to:
The Foundation of Hope and Innovation
Attn: 5K Fun Run & Walk
11480 Brookshire Ave., Suite 309
Downey, CA 90241

- In-person registration (drop-off) at any The Oncology Institute location 8:30 AM-5:00 PM

- E-mail the form to theoncologyinstitute@gmail.com // pay credit card over the phone **Check-in/Breakfast**

1184 N. Euclid St.
Anaheim, CA
92801
Tel. 714.399.0620
Fax. 714.399.0621

530 W. Badillo St.
Suite C
Covina, CA 91723
Tel. 626.283.5183
Fax. 626.214.9749

11480 Brookshire Ave.
Suite 309
Downey, CA 90241
Tel. 562.869.1201
Fax. 562.869.1281

1510 S. Central Ave.
Suite 240
Glendale, CA 91204
Tel. 818.334.5425
Fax. 818.334.5427

3300 E. South St.
Suite 304
Long Beach, CA 90805
Tel. 562.232.0550
Fax. 562.232.0560

1700 E. Cesar Chavez Ave.
Suite 3750
Los Angeles, CA 90033
Tel. 323.284.4077
Fax. 323.859.9085

3628 E. Imperial Hwy.
Suite 100
Lynwood, CA 90262
Tel. 310.667.4000
Fax. 310.667.4010

101 E. Beverly Blvd.
Suite 200
Montebello, CA 90640
Tel. 323.278.4400
Fax. 323.278.4401

1360 W. 6th St.
Suite G
San Pedro, CA 90732
Tel. 310.547.2445
Fax. 310.547.2610

1970 Old Tustin Ave.
Suite A
Santa Ana, CA 92705
Tel. 714.542.0102
Fax. 714.479.0709

4305 Torrance Blvd.
Suite 109
Torrance, CA 90503
Tel. 310.935.4525
Fax. 310.755.6317

1310 San Bernardino Rd.,
Suite 205,
Upland CA 91786
Tel. 909.906.1519
Fax. 909.256.8976

8135 S. Painter Ave.
Suite 103
Whittier, CA 90602
Tel. 562.698.6888
Fax. 562.698.5255



THE FOUNDATION OF HOPE AND INNOVATION

LIABILITY RELEASE, INDEMNITY AND PROMISE NOT TO SUE:

I, the undersigned below, in consideration of my and/or my child's participation in any related activities to the Foundation of Hope and Innovation's 5K Fun Run and Walk, wherever these event(s) may occur, acknowledge that I am aware that my or my child's participation in the event may result in risks, which among other things, include but are not limited to scrapes, bruises, twisted ankles and various injuries to the body, including death and heat and stress related issues. I freely assume on my own and/or my child's behalf all risks incidental to such participation. In consideration of my and/or my child's participation in the event, and in my own and/or my child's behalf, and on behalf of my and/or my child's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my or my child's participation in the event and/or any such related and associated activities. I further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. I, for myself and my child, understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the released parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me or my child either before, during or after such participation. I declare that I and (if participating) my child are physically fit and have the skill level required to participate in the event and/or any such related and associated activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are: The Foundation of Hope and Innovation, its Trustees, officers, employees, agents, and event sponsors together with their parent and the parent, subsidiary, affiliated and related entities of each of them, and the trustees, officers, directors, employees, and volunteers of any of them.

I understand that the registration fee is a non-refundable gift to The Foundation of Hope and Innovation in case of withdrawal on my part.

AUTHORIZATION AND RELEASE TO USE LIKENESS:

I further grant the released parties the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit my and/or my child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised (including, without limitation, in online web casts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of the event, without compensation, reservation or limitation. This waiver, release, promise not to sue, authorization and release to use likeness form shall be governed by the laws of the State of California, and any legal action related to or arising out of this form shall be commenced exclusively in the Superior Court in and for Los Angeles County, California (or if the Superior Court shall not have jurisdiction over the subject matter thereof, then to such other court sitting in Los Angeles County, California having subject matter jurisdiction). I certify I am eighteen (18) years of age or older and, if I am executing this waiver and permission form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete. If any provision of this form shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this form and shall not affect the validity and enforceability of any remaining provisions.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS (i) LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE, AND (ii) AUTHORIZATION AND RELEASE TO USE LIKENESS.

Participant Name: _____ Date: _____

Participant Signature: _____

Parent or Guardian Signature (if under 18): _____

THE FOUNDATION OF HOPE & INNOVATION 5K FUN RUN & WALK

MY PERSONAL GOAL IS \$_____

WALKER COLLECTION INFORMATION

Name	Address	Amount Pledged
TOTAL		\$

Please turn in collected donations
on Saturday, April 23rd at the event.

Any questions, please e-mail
theoncologyinstitute@gmail.com
or call (562) 869-1201 ext 101

Mission Statement:

The Foundation of Hope and Innovation is dedicated to serving the cancer community through research and patient-care programs. We strive to improve treatment outcomes of those affected by the disease as well as foster awareness in the medical community and the general public. We are committed to providing hope through innovative approaches that promise to extend the lives of cancer patients and keep them cancer free longer.