

# OC Trail Tales Sign Up Form

Circle the program you want to train for:

TRI Program

Trail Program

Name: \_\_\_\_\_ Sex: M F Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical conditions that we should be aware of that might prevent you running long distances? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shirt Size: s med large xl xxl

## Waiver Must be signed:

All Participants in the OC Trail Tales are required to assume all risk of participation in the Class by signing this general release agreement. Must be age 18 yrs or older to enroll in the program. The undersigned athlete on behalf of him/herself and on behalf of athlete's personal representatives, assignees, heirs, executors, hereby fully and forever release, waives, discharges and covenants not to sue OC Trail Tales, Pete Vara or Corrinne Wallace, whose property and/or personnel are used. OC Trail Tales and its subsidiaries, and all other sponsoring or co-sponsoring companies or individuals related to the Class (collectively) "releases" from all liability to the athlete and his/her personal representatives, assigns, heirs and executors, for all loss (es) or damages(s) and any and all claims or demands therefore, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by active or passive negligence of all or any of the Releases or otherwise, in connections with the Athlete's participation in OC Trail Tales. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Class. The Athlete is fully aware of the risk and hazards inherent on participating in OC Trail Tales and hereby elects to voluntarily complete the Class. The athlete hereby assumes all risk for all loss(es), damage(s) or injury(ies) that may be sustained by him/her while participating in OC Trail Tales. The Athlete agrees to the use of his/her name and photograph in broadcast, newspapers, brochures and other media without compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferrable. In the event the program is delayed or prevented by reason of fire, threatened or actual strike, labor difficulty, work sabotage, insurrections war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitations, hurricanes, tornados, earthquakes, or any cause beyond the control of OC Trail Tales, there shall be no refund of the entry fee or another cost of the Athletes in connection with OC Trail Tales. The Athlete hereby grants to OC Trail Tales and medical directors of the Class and their agents, affiliates, and designees access to all medical records (and physicians) as needed and authorizes medical treatment as needed. The athlete warrants that all statements made herein are true and correct and understand releases have relied on them in allowing athlete to participate in the OC Trail Tales.

Athlete has read the foregoing and intentionally and voluntarily signs this release and waiver of liability agreement.

X

Signature of Athlete

Date

Office Use Only: Date Paid \_\_\_\_\_ Type Cash - Check - CC - Amount\$ \_\_\_\_\_

Contact the Pete Vara for any questions:  
714-651-3632

[pete@octrailtales.com](mailto:pete@octrailtales.com)