



TEAM
ST. MARY

10.7.18



Entry Form

October 7, 2018 Check Event: Half Marathon Marathon Bike Tour

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Men's T-Shirt

Size: S M L XL XXL

Women's T-Shirt

Size: S M L XL XXL

Please designate my gift to: Area of Greatest Need or _____

How did you hear about Dignity Health St. Mary Foundation? _____

Referred by St. Mary Employee, family, friend, and/or past participant: _____

YOUR DECLARATION:

You must sign this waiver or accountability and liability prior to entering the 2018 jetBlue Long Beach Marathon & Half Marathon as a Team Member for St. Mary Medical Center.

I commit to raise a minimum of \$200 (or \$100 if participating in the Bike Tour) for Dignity Health St. Mary Medical Center in return for a guaranteed place in the 2018 jetBlue Long Beach Marathon & Half Marathon. If this amount is not reached, I commit to paying the difference personally. I understand that 100% of any money raised by my sponsors will be transferred to Dignity Health St. Mary Medical Center without undue delay and not shared with another charity. By signing this form I declare to have read and agree to abide by the attached terms and conditions. I accept that the organizers or Dignity Health St. Mary Medical Center shall not be liable for death, personal injury or loss or damage as a consequence of my participation in the 2018 Long Beach Marathon & Half Marathon except with regard to personal injury that is caused by the organizer's negligence.

Signature _____

Date _____

Mail this form to: **St. Mary Medical Center Foundation**

Attn: Kimberly Eclarino

1050 Linden Ave., Long Beach, CA 90813

Or E-mail this form to: **Kimberly.Eclarino@DignityHealth.org;**

Fax to 562.491.9888



St. Mary Medical Center Foundation.

A Dignity Health Member