

EMPOA Scholarship Fund
P.O. Box 4577
El Monte, CA 91731-0577



4th Annual



Scholarship Run/Walk

Event Waiver Release: Read Before Signing

In consideration of signing this waiver, I hereby, for myself, my executors, administrators, and assignees waive any and all right of claim for damages I may have against the race organizers, race hosts, City of El Monte, The El Monte Police Department, The El Monte Police Officers Association, Arroyo High School, The El Monte Union High School District, race sponsors, volunteers, employees, assignees, or any individual associated with this event for any injuries sustained by me in this event, or as a result of any activity or action during this event. Also, none of the above are responsible for any loss of personal property nor any form of aggravation in connection with this event. I attest and verify that I am physically fit, and have trained for this event. I grant full permission to sponsors and others to use photos or film of my participation in this event without liability or obligation to me. I acknowledge that I have read these provisions, and fully understand my own liability. I do hereby, accept these provisions, and take full responsibility for my own participation.

Mail form and entry fee to:
EMPOA SCHOLARSHIP FUND
P.O. BOX 4577
EL MONTE, CA. 91731-0577

FIRST: _____ LAST: _____
ADDRESS: _____
CITY: _____ ZIP: _____
PHONE: (____) _____ AGE ON RACE DAY: _____ SEX: _____
T-SHIRT SIZE: S M L XL XXL

Entry Fee: \$15.00 before 1/14/06 or \$20.00 after 1/14/06
Total Enclosed: \$ _____
Signature: _____ **Date:** _____
Signature of guardian (If Under 18 years of age): _____

Race Divisions			
<u>MALE</u>		<u>FEMALE</u>	
A	___	12 & Under	___ M
B	___	13-18	___ N
C	___	19-24	___ O
D	___	25-29	___ P
E	___	30-34	___ Q
F	___	35-39	___ R
G	___	40-44	___ S
H	___	45-49	___ T
I	___	50-54	___ U
J	___	55-59	___ V
K	___	60-69	___ W
L	___	70+	___ X

Medals awarded to top 3 finishers in each category.