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Make Check Payable and Mail to:

FIRSTWAVE EVENTS  
P.O. Box 321269  
Los Gatos, CA 95032

Sunday, April 1<sup>st</sup>, 2012  
[www.firstwave-events.com](http://www.firstwave-events.com)

**The Event**

The Santa Cruz Half Marathon/10K will take place Sunday, April 1<sup>st</sup>, 2012 at 8:00am near the historic Santa Cruz Beach Boardwalk. The race consist of a 13.1-mile run along the scenic Santa Cruz coastline on West Cliff Avenue out to Wilder Ranch State Park and back as well as a 10K along the same stretch of coastline to the edge of Natural Bridges State Park and back. Finish line festivities including food, awards and entertainment will take place on the Santa Cruz Main Beach immediately following the races.

**Race Numbers & Race Day Registration**

Race day registration will NOT be available. You will be able to pick up your race packet on race day.

**RACE FEES:**

Half Marathon (1/1-3/26/12) \$55.00  10K (1/1-3/26/12) \$55.00

~ MUST BE POSTMARKED BY MARCH 20<sup>th</sup> ~

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male  Female  Birth Date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email (required): \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size: S  M  L  XL  Your Age on Race Day \_\_\_\_\_

**WAIVER: (Must be signed)** In consideration of the foregoing, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I have against Firstwave Events as the event principals, the City of Santa Cruz, California State Parks, all sponsors and their representatives and any and all claims of damages, demands, actions, whatsoever in any manner, as a result of my participation in the Santa Cruz Half Marathon and 10K event, including, but not limited to any injuries I might suffer. I acknowledge that I am aware of the inherent risk in participating in an athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for competition in this event and that a licensed medical doctor has verified my physical condition. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, voice, and/or picture in any broadcast, telecast, advertising, promotion or other account of this for any purpose whatsoever. I understand that my entry fee is nonrefundable and nontransferable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If athlete is under 18 years of age, the parent or legal guardian must sign this waiver. This is to certify that the above minor has my permission to compete in the Santa Cruz Half Marathon & 10K, is in good physical condition and that the race officials have my permission to authorize emergency treatment if necessary.