

**Friends of the Lake Los Angeles Community Park  
Third Annual  
Dry Lake Run  
Benefiting Community Activities for  
Stephen Sorensen County Park**



**Date: September 19, 2009**

**Place:** Stephen Sorenson Community Park 16801 East Avenue P, Lake Los Angeles, CA

**Participation (3K/5K): \$20 for individual (\$15 pre-race day sign up with a board member or at Sorensen Park Office Building); No charge for 17 years old and under**

**Times:** 8:00-8:50AM Registration (pick up Bib Numbers) 9:00 am Start for both 3K and 5K Run/Walk; 10:30 AM Trophy Ceremony

**Registration Form**

**Make checks payable to: Lake L.A. Friends of the Park: Bring registration and payment to the event or mail to:** Lake Los Angeles Park Association, P.O. Box 500088, Lake Los Angeles, CA 93591

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **SEX: M F**  
**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_ **cell:** (\_\_\_\_\_) \_\_\_\_\_  
**email:** \_\_\_\_\_  
**AGE:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
**RACE:** 5K 3K **TEAM/CLUB NAME:** \_\_\_\_\_

**RACE WAIVER AND RELEASE** (must be signed by participant): I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless LLACPA, the Los Angeles County Parks and all sponsors, directors, officers and successors from all claims and liabilities of any kind arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with other participants, conditions of the course, negligence of the releasees or otherwise.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR REGISTERING FOR LLACPA Healthy Butte X Country Run  
Lake Los Angeles Park Association, P.O. Box 500088, Lake Los Angeles, CA 93590;

**Webpage:** <http://www.lakelapark.org>