SeaWorld Shamu & You Family Walk for Rady Children's Hospital
presented by San Diego County Credit Union

## 8 a.m. | Saturday, October 3, 2009
South Shores Park on Mission Bay

**1-mile & 4-mile fun, family walks for Rady Children's Hospital** - San Diego through SeaWorld and along beautiful Mission Bay.

**Participants will receive:**
- Commemorative event T-shirt
- 50% off admission to SeaWorld (valid 10/3/09 or 10/4/09)
- Opportunity to fundraise for great prizes
- Festival with fun, informative booths
- Post-walk refreshments
- Fun entertainment and more!

Save time and sign up online at:
**www.ShamuAndYouWalk.kintera.org**

# SeaWorld Shamu & You Family Walk Official Entry Form

Okay to photocopy. Please print. Event will take place rain or shine. Sorry, no refunds.

☐ I am a Team Captain

First Name: _____ Last Name: _____

Team Name (if applicable): _____

Gender: M F Age on 10/3/09 ___ D.O.B:(MO/DAY/YR) ___/___/___ Phone: ___-___-____

Mailing Address: _____

City: _____ State: ___ Zip Code: _____

Email Address: _____

T-Shirt Size (Check one box) Youth Size: ☐ 6-8 ☐ 10-12 ☐ 14-16 Adult Size: ☐ SM ☐ MED ☐ LRG ☐ XL ☐ 2XL

## Walk Entry Fees: (all entries include T-shirt)

✓ Check all appropriate boxes

**Adult Entry Fee:**

- ☐ Postmarked on or before 7/10/09.....$24
- ☐ Postmarked 7/11/09 to 9/30/09.....$27
- ☐ After 9/30/09 (including event day).....$30

**Child Entry Fee: (Age 13 & under)**

- ☐ Postmarked on or before 7/10/09.....$15
- ☐ Postmarked 7/11/09 to 9/30/09.....$17
- ☐ After 9/30/09 (including event day).....$20

☐ **I've included additional donations I've collected in the amount of $_____**

☐ **I've included an additional personal donation in the amount of $_____**

**TOTAL AMOUNT ENCLOSED: $_____**

**Make check payable to:** Rady Children's Hospital Foundation

**Mail to:**
SeaWorld Shamu & You Family Walk
c/o In Motion, Inc., 6116 Innovation Way, Carlsbad, CA 92009

**Questions?**
Call In Motion at 760.692.2900 or email info@inmotionevents.com

### CONSENT AND RELEASE (MUST BE READ AND SIGNED):

For and in consideration of my and/or my child's participation in the SeaWorld Shamu & You Family Walk Benefiting Rady Children's Hospital to be held on Saturday, October 3, 2009 (the "Event") at or near Sea World, San Diego, CA ("Sea World"), I, the undersigned, on behalf of myself and/or as parent/legal guardian of a minor child participant, do hereby agree as follows:

I agree that Sea World, Inc., Rady Children's Hospital, City of San Diego, and In Motion, Inc., their parents, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents and all related sponsors, vendors, volunteers and staff (hereinafter collectively referred to as "Released Parties") shall not be responsible or legally liable for any loss of real or personal property, or any bodily injury, including death, incurred or suffered by me and/or my child as the result of participating in the Event or presence at Sea World. I agree to RELEASE, WAIVE and forever DISCHARGE the Released Parties for any and all claims, loss, demands, damages, costs, expenses, lawsuits, causes of action and judgments that I and/or my child, may have, or claim to have arising out of or in any way connected with participation in the Event or presence at Sea World, whether caused by the NEGLIGENCE of the Released Parties or otherwise (other than gross negligence or intentional torts). Additionally, I agree to INDEMNIFY, DEFEND and HOLD HARMLESS the Released Parties from any and all claims, loss, demands, damages, costs, expenses (including attorneys' fees) for loss of real or personal property and/or bodily injury, including death, resulting from participation in the Event or presence at Sea World.

I hereby give my consent for medical treatment should I and/or my child be involved in an accident and/or health-damaging situation while participating in the Event or while present at Sea World. I agree that I am at least 18 years of age or if not, that my parent or legal guardian is signing this Consent and Release ("Release") on my behalf.

I hereby agree that all photographs, video tapes, and/or audio tapes taken or recorded of me by Released Parties, in connection with my participation in the Event, and in connection with any publicity and/or promotional appearances relating thereto, shall be the exclusive property of Released Parties and may be published, reproduced, exhibited, broadcast, televised, copyrighted, sold, assigned and used in any manner whatsoever without further consent from or payment to the undersigned who hereby forever releases and discharges the Released Parties from any claims, actions, damages, or demands whatsoever by reason of any such use. This Release shall be binding on all of my and/or my child's heirs, executors, administrators, representatives, next of kin, successors, beneficiaries and/or assigns.

I agree that my entry fee is non-refundable and that if the Event is cancelled due to weather or other extreme circumstances, my entry fee will be used as a donation to Rady Children's Hospital.

I agree that this Release shall be interpreted in accordance with the laws of the State of California, is intended to be as broad and inclusive as permitted by law, and that if any term or provision of this Release shall to any extent be held invalid or unenforceable, the remaining terms of the Release shall not be affected thereby, but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be replaced by a substitute provision which is valid and as nearly as possible maintains the same economic purposes and intention of the valid provision.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE, ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY

Signature:_____ Date:_____
(IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT/LEGAL GUARDIAN IS REQUIRED)