



P.O. Box 47895 Los Angeles, Ca. 90047
Phone: (323) 573-2798 or (323) 252-1937
www.citylites2004.com

REGISTRATION APPLICATION

PLEASE PRINT:

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Gender: Male Female Age: _____

Email Address: _____

Day Phone #: _____ Eve Phone #: _____

School: _____

AGREE TO WAIVER AND RELEASE: YES NO

FEES:

- Free for Kids 8 – 17yrs
- Bike Tour Advance Pay Ages 18 & up (\$20.00) with T-Shirt
- Bike Tour Day of (\$25.00) with T-Shirt
- 5k-Walk Advance Pay Ages 18 & up (\$10.00) with T-Shirt
- 5k-Walk Day of (\$15.00) with T-Shirt

Please Check One Box

Bike Tour 23-mile

Bike Tour 5-mile

5k-Walk

Signature: _____

(Parent's consent if you're under 17): _____

Date: _____

Please mail your registration fee payable to City Lites P.O. Box 47895 L. A., Ca. 90047. Money Order Only No personal Checks.



**PLEASE READ AND AGREE TO WAIVER AND RELEASE OF CLAIMS.
THIS IS AN IMPORTANT LEGAL DOCUMENT, READ CAREFULLY BEFORE
SIGNING.**

In consideration of the foregoing, I for myself, my heirs, executors, my administrators, and my trustees, waive and release any and all rights and claims for any injuries and damages, including, but not limited to demands or actions for negligence, premises liability, emotional injury, intentional conduct resulting in unintended injury or damage, tort claims, and any other actions or demands of whatsoever nature, to the fullest extent permitted by law, I have or may have against.

1) City Lites Inc. its employees, principals, directors, shareholders, agents, members and representatives 2) the City of Los Angeles, and County of Los Angeles its departments, employees, officials, agents, and representatives. I acknowledge that I am aware of the inherent risks involved in these events and I voluntarily assume these risks. I attest and verify that I am physically fit and I have sufficiently trained for the completion of the above-referenced event or events in which I participate and that a medical doctor has verified my physical condition.

If I am participating in the Inner City Sports Festival, I understand that the Bike Tour/5K-Walk is a noncompetitive event and that no racing is allowed. I further understand that the Inner City Sports Event involves biking/Walking as part of a larger group on public streets where hazards exist. I assume all risk or death. I ALSO UNDERSTAND THAT BICYCLE HELMETS CAN PREVENT SERIOUS INJURY AND I AGREE TO WEAR A HELMET AT ALL TIMES DURING MY PARTICIPATION IN THE INNER CITY SPORTS EVENT.

Further, I hereby grant full permission to any and all of the foregoing to use my name, my voice, and/or my picture in any broadcast, telecast, advertising, promotion, or other account of this event for any purposes whatsoever.

City Lites reserves the right to reject any entry, and further reserves the right to change the details of the above-referenced events without prior notice.

- 1.) By proceeding with this event registration, you agree that the terms of this registration agreement shall apply equally to you and to any third parties for whom you are acting as agent. Compliance with Children's online privacy protection act (COPPA). You represent and warrant that, in compliance with COPPA, you are over thirteen (13) years of age, and that if you are registering a child under fourteen (14) years of age you are the parent of such child, and do hereby consent to the collection of such child's personal information by City Lites, Inc.
- 2.) Limitation of Liability: Disclaimer of Warranties. **CITY LITES, INC. SHALL NOT BE LIABLES FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, RESULTING FROM (A) THE USE OR THE INABILITY TO USE CITY LITES, REGISTRATION OR (B) FOR THE COST OF PROCUREMENT OF SUBSTITUTE GOODS AND SERVICES OR (C) RESULTING FROM ANY GOODS OR SERVICES PURCHASED OR OBTAINED OR TRANSACTIONS ENTERED INTO THROUGH CITY LITES, INC. OR**

- 3.) (D) RESULTING FROM UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA, INCLUDING BUT NOT LIMITED TO, DAMAGES FOR LOSS OF PROFITS, USE DATA OR OTHER INTANGIBLE EVEN IF **CITY LITES INC.** HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOU EXPRESSLY AGREE THAT USE OF **CITY LITES INC.** IS AT YOU SOLE RISK, CITY LITES INC. IS PROVIDED ON AN "AS IS AND" AS AVAILABLE " BASIS. **CITY LITES, INC.** EXPRESSLY DISCLAIMS ALL WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT.
- 4.) Indemnification. You agree to indemnify and hold each of City Lites and its officers and employees harmless from any claim or demand, including reasonable attorneys fee, made by any third party due to or arising out of your use of City Lites or the violation ability Waiver or the City Lites terms of service by you.
- 5.) Applicable Law: Consent to jurisdiction. The City Lites sites (excluding linked sites) are controlled by City Lites, Inc. from its offices within the State of California, United States of America. By completing this event registration, both you and City Lites, agree that the statutes and laws of the State of California, without regard to the conflict of laws principles thereof, will apply to all matters relation to this event registration, this Liability Waiver, or other use of the City Lites sites. You agree that exclusive jurisdiction for any dispute with City Lites, Inc. resides in the courts of the State of California and you further agree and expressly consent to the exercise of personal jurisdiction in the courts of the California in connection with any dispute including any claim involving City Lites or its affiliates, subsidiaries, employees, members contractors, officers, telecommunication providers and content providers.
- 6.) Severability. If any provision of this Liability Waiver shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this Liability Waiver and shall not affect the validity and enforceability of any remaining provisions.

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PRINT NAME: _____

SIGNATURE: _____

PARENT'S SIGNATURE: _____

DATE: _____



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