



Presenting Sponsors:



To benefit Duchenne San Diego

PILATES FOR A CURE - A PLUSH PILATES EVENT & PATIO PARTY

Sunday- October 4, 2009 @ 11 a.m :: Del Mar Double Tree Hotel

PILATES FOR A CURE REGISTRATION

Thank you for participating in the 2009 Pilates for a Cure! In order for us to guarantee your space, your registration must be received by Monday September 28, 2009. Confirmation of your Registration, Tax Receipt and Event Details will be mailed to you prior to the Event. Thank you for your support and we look forward to seeing you soon!

PARTICIPANT INFORMATION

Last Name: _____ First: _____

Address: _____

City/State/Zip: _____

Phone (Work): _____ Phone (Home): _____ Phone (Cell): _____

Gender: _____ Date of Birth: _____ Height: _____ Weight: _____

E-mail address: _____

EMERGENCY CONTACT: _____ EMERGENCY NUMBER: _____

PARITICIPANT'S PARENTS INFORMATION (*if Participant is under age 18*):

Last Name: - _____ First: _____

Address (if different from above): _____

City/State/Zip: _____

Phone (Work): _____ Home: _____ Cell: _____

Date of Birth: _____ Height: _____ Weight _____

E-mail address: _____

MEDICAL INFORMATION

Please let us know about any surgeries or injuries you may have experienced with the following:

Foot	Left _____	Right _____
Ankle	Left _____	Right _____
Knee	Left _____	Right _____
Hip	Left _____	Right _____
Shoulder	Left _____	Right _____
Elbow	Left _____	Right _____
Wrist	Left _____	Right _____
Hand	Left _____	Right _____
Neck	Left _____	Right _____
Back	Left _____	Right _____

Please list any illnesses, diseases or medical/health conditions of which we should be aware:

CONSENT TO PARTICIPATE

I hereby declare that I/my child _____ am/is physically capable of participating in "Pilates for a Cure", a fundraising charity Event operated by and benefiting Duchenne San Diego. As a Participant/Participant's Parent, I hereby give my consent for emergency medical care and/or assistance for myself/my child by a licensed doctor of medicine, paramedic or Certified Athletic Trainer. This care may be given under whatever conditions are necessary to preserve the life or well being of myself/my child. I agree to be responsible financially for the cost of such assistance and/or treatment.

Initials: _____

I also hereby give consent to Duchenne San Diego (DSD), Del Mar Double Tree Hotel (DMDTH), and Fitness Quest 10 (FQ10) and their affiliated delegates to take photographs, video recordings, and/or sound recordings of me/my child for the purposes of documenting the Event. I grant permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in other publications.

Initials: _____

WAIVER

Recognizing the possibility of physical injury and inherent risks associated with any physical activity, I hereby release, discharge, and/or otherwise indemnify Duchenne San Diego (DSD), Del Mar Double Tree Hotel (DMDTH), and Fitness Quest 10 (FQ10) against any claim by/or on my or my child's behalf of as a result of my/my child's participation in Pilates for a Cure.

I voluntarily release and discharge DSD, DMDTH and FQ10, their officers, directors, employees and agents from any and all actions, suits, demands and claims of whatever nature in law or in equity (including negligence claims), from any injuries suffered by me or my child while participating in this event or its related activities and further from the loss or damage to personal property by theft, negligence or otherwise.

Initials: _____

I hereby acknowledge that I have read this form and understand its provisions. DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS FORM.

Participant's/Participant's Parent's Signature:

Date

TO COMPLETE YOUR REGISTRATION

REGISTRATION MUST BE RECEIVED BY MONDAY SEPTEMBER 28, 2009

- ✓ Please complete all the above information and initial/sign where appropriate
- ✓ Please include your donation of \$49 made payable to "DUCHENNE SAN DIEGO"**. Your donation is a 100% tax-deductible charitable contribution.
- ✓ Please mail this Registration Form & Donation to:

Pilates for a Cure
Attn: Helena Jayasuriya
12630 Monte Vista Road, Suite 202
Poway, CA 92064

- ✓ A Confirmation of your Registration, Tax Receipt and Event Details will be mailed to you.

** Duchenne San Diego (formerly known as Kick for a Cure, INC) is a 501-C-3 tax-exempt organization. Registration fees are a 100% tax-deductible charitable contribution. Tax ID # 68-0643959

THANK YOU FOR YOUR SUPPORT!



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