Team AADAP
2026 Registration Form

Please Complete Entry Form Below - Call (323)293- 6284 or email ahwang@aadapinc.org for more info.
NOTE: All LA Marathon participants must be at least 16 years of age by the day of the race. No age limit for 5k.

Name (First): _____ (Middle Initial): _____ (Last): _____

Gender: M ____ F ____ Date of Birth: (mm/dd/year): _____/_____/_____ Age on race date: ____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: ( ) _____ - _____ Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Contact Phone: ( ) _____ - _____

I am registering for:

- ☐ LA Big 5K- $44 (**March 7, 2026**)
- ☐ LA Charity Half Marathon $149 (**March 8, 2026**)
- ☐ LA Marathon- $187 (**March 8, 2026**)

T-Shirt Style (Circle one): Men's Fit Women's Fit

T-shirt Size (Circle one): XS S M L XL XXL 3XL

Is this your first marathon? *(Please circle)* YES or NO **Is this your first LA Marathon?** YES or NO

How did you find out about the TEAM AADAP? _____

Which training program do you plan on participating in, if any? _____

Recommended Training:

Club 26.2 with Robert & Euri Mills ($110) Marina Del Rey, Every Saturday @ 8AM *Email: club26.2@gmail.com*
Phone: (310)948-5848

Registration Deadline: January 30, 2026

COMMITMENT:

I understand that by joining Team AMP, ***I am committing to raise at least $1,250 for Full Marathon, $875 for Half Marathon, and $500 for Big 5K to benefit the Asian American Drug Abuse Program (AADAP).***

I understand that Team AMP will provide fundraising tips and support and that if I raise 100% of fundraising goal, AADAP will then reimburse my registration (Full/Half/5k) and training fees (for Full/Half Marathon only) if I choose.

You must be over 18 years of age OR the parent/legal guardian of a minor under 18 years of age OR the legal guardian of an incapacitated and/or mentally challenged person in order to agree to the text above.

_____ _____ _____
Participant Signature (Parent's Signature if Under 18) *Participant Name (Print)* *Date*

The Team AADAP Marathon
Waiver/Commitment Form

I wish to participate in the Team AADAP, which is a fitness and endurance event training program run by the Asian American Drug Abuse Program, Inc. ("AADAP"). I understand Team AADAP to be a non-competitive four, five or six-month fitness program that will consist of some or all of the following types of exercise: cycling, running, swimming, walking, strength training. I understand that by participating in Team AADAP, I will be using public streets and facilities where many hazards exist. I am aware of and appreciate the risks, which may result from my use of those streets and facilities. I am also aware that accidents or illness can occur during endurance event training and that I may be seriously injured or killed as a result. I am voluntarily participating in Team AADAP with full knowledge of the dangers involved, and I agree to accept any and all risks of injury or death.

In consideration for being permitted to participate in Team AADAP, and in consideration for being permitted to participate in any further or future training sessions following my participation in Team AADAP, I agree to assume all risks and agree not to sue and agree to release in advance and indemnity and hold harmless and discharge each of AADAP, Inc., and all of their respective officers, directors, agents, employees, subcontractors, sponsors, affiliates and members ("Parties") from any liability, and to waive my rights with respect to any and all claims for damages for death, personal injury or property damage, including but not limited to medical bills, lost wages, pain and suffering, attorneys fees and court costs, which I, my family, estate, heirs, or assigns may have, or which may hereafter accrue to me as a result of my participation in Team AADAP, or my participation in further training sessions following my participation in Team AADAP, even though this liability may arise through no fault of my own, or from the negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives. I also acknowledge that the Parties, have not arranged for and does not carry any insurance of any kind for my benefit or that of my parents, issue, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Team AADAP.

I verify that I have full knowledge of the rigors and risks involved in running a marathon, and my participation in Team AADAP. I understand that Team AADAP requires that I complete some workouts during the week on my own and some longer group workouts at specified times during the week or on the weekends. I understand that I may also be required to complete weekly group workouts led by coaches in the four to six months preceding the event I have chosen. The group workouts start with a short duration of walking and running, and gradually increase in distance/duration each week.

I understand that the Los Angeles Marathon has a course net time limit of six and a half hours (6:30:59), and that early starters are not allowed. Additionally, I understand that all Team AADAP personnel, including all coaches, program managers, assistants and volunteer trainers ("Trainers"), are not licensed physicians and any suggestions or recommendations the Trainers may make regarding any aspect of my

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training or physical fitness are not being rendered as medical advice. I agree to consult independently my personal physician in the event of any injuries or medical questions relating to my fitness or Team AADAP.

I am in good health, physically fit, and capable of participating in Team AADAP, and my medical care provider has approved my participation. If I am aware of or under treatment for any physical infirmity, ailment or illness, or if I am taking any prescription or over-the-counter medications, my medical care provider knows of and has approved my participation in Team AADAP. I understand, or will educate myself about, the dangers of dehydration and hyponatremia (low blood sodium) and I will take precautionary measures to prevent these conditions. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I also acknowledge full and sole responsibility for my own medical expenses, and I am responsible for any and all medical expenses incurred on my behalf.

I will read all descriptions and guidelines for participation in Team AADAP, and I will abide by any rules and regulations established by Team AADAP organizers and personnel as well as the laws of any county, city, or other jurisdiction in which I will train. I understand that AADAP, Inc. staff members reserve the right to remove any participant from Team AADAP, or any training sessions following the participation in Team AADAP, at any time for any reason. Specifically, inappropriate behavior will not be tolerated and may result in a participant being removed from the program.

I grant to AADAP, Inc., its officers, directors, agents, employees, subcontractors, sponsors, affiliates, and members the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright, royalty free, my name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the my participation in Team AADAP in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I consent to and authorize, in advance, such use and waive any rights of privacy and/or publicity I may have in connection therewith.

I understand that weather, emergencies, or other issues of public safety may cause cancellation or postponement of this event. I hold all Parties harmless should such cancellation or postponement occur, and I understand that no contributions, payments, or expenses will be refunded.

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I understand that, in the event that any one or more of the provisions contained in this Waiver and Release shall, for any reason, be held to be invalid, void, illegal or unenforceable in any respect, such invalidity, voidness, illegality or unenforceability shall not affect any other provision of this Waiver and Release, and the remaining portions shall remain in full force.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature here. I am aware that this is a RELEASE OF LIABILITY and a CONTRACT between me and AADAP, Inc. and all of their officers, directors, employees, agents and representatives, and I sign of my own free will.

Participant Name (Print)

Guardian's Name (Print)- if participant is under 18

Signature

Guardian's Signature (if participant is under 18)

Date

Updated 12.17.2025