

Santa Clarita Valley
SENIOR CENTER

22900 Market Street • Santa Clarita, CA 91321-3608
(661) 259-9444 • Fax (661) 259-1647
E-mail: admin@scvsc.org

August 2008

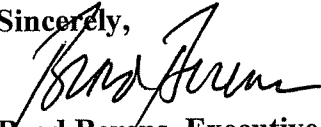
Dear Friend of the SCV Senior Center,

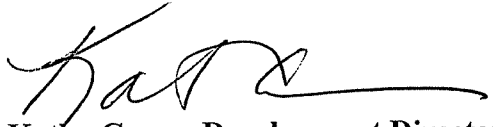
The SCV Senior Center is teaming up with the Kiwanis Club of Santa Clarita and Six Flags Magic Mountain for a great opportunity to support our senior citizens, compete in a 5-K Run through the rolling majesty of Magic Mountain and then enjoy a free fun-filled day on the best roller-coasters in the world.

On October 5, 2008 the Kiwanis Club of Santa Clarita will present on our behalf a 5-K Run with registration beginning at 6:30 AM and the Run commencing at 8:00 AM. The Run allows for all age ranges to participate with commemorative T-Shirts to the first 500 participants, awards to the 1st, 2nd and 3rd place winners in each group (male and female). Your reward in supporting the SCV Senior Center is a free admission (normally \$59.99) and free parking (normally \$15.00) for each participant in the run. All of this fun for \$20.00 for early registrants or \$25.00 for registrants after September 1, 2008. Your participation ensures not one senior will go hungry or without services when some assistance is required for our frail and homebound elders.

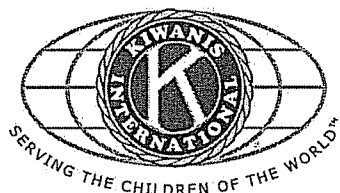
Please sponsor our event, enlist participant runners, and enjoy a fabulous day at Six Flags Magic Mountain in Valencia. Your participation will keep more than 800 homebound seniors healthy and independent.

Sincerely,


Brad Berens, Executive Director
SCV Committee on Aging Corp.


Kathy Crone, Development Director
SCV Senior Center Foundation





17th ANNUAL
KIWANIS CLUB OF SANTA CLARITA

SIX FLAGS MAGIC MOUNTAIN 5K RUN

OCTOBER 5, 2008



*BENEFITING SCV SENIOR CENTER HOME-DELIVERED MEALS
FOR THE HOME-BOUND & KIWANIS CHARITIES*

FREE PARK ADMISSION TO RUN PARTICIPANTS ON RACE DAY!
Race Then Ride All Day!

An exciting and challenging 5K run on the midways of Six Flags Magic Mountain thrill complex full of world class roller coasters, rides and other fantastic attractions. All participants receive general admission (\$59.99 value) and parking (\$15.00 value) to Magic Mountain for Race Day. T-shirt guaranteed for first 500 pre-registered runners.

AWARDS:

1ST, 2ND & 3RD in each age group (Male & Female)

TIME:

Registration begins: 6:30 AM
Race time: 8:00 AM

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OFFICIAL ENTRY FORM or REGISTRATION ONLINE at ACTIVE.COM – SIX FLAGS MAGIC MOUNTAIN

(Early registrants on ACTIVE.COM get a reduced rate before August 15, 2008
User ID Event = 1465695.)

Name: _____ Age: _____ M _____ F _____

Address: _____ City: _____ Zip _____

E-mail address for race waiver/information to be sent to: _____

Division/T-shirt Size: Please circle age group & T-shirt size _____

Age Group:

12 & Under 13-17 18-24 25-29 30-34 35-49 45-49 50-54 55 & Over

T-shirt Size:

Small Medium Large X-Large

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Pre-registered Race Fee: \$20 must be received before September 1, 2008
 \$25 thereafter through Race Day

I want to pledge my support to the SCV Senior Center!

Mail entry & check to: SCV Senior Center, 22900 Market Street, Newhall, CA91321

For further information, e-mail: kiwanis5krun@yahoo.com



17th Annual Magic Mountain 5K Run

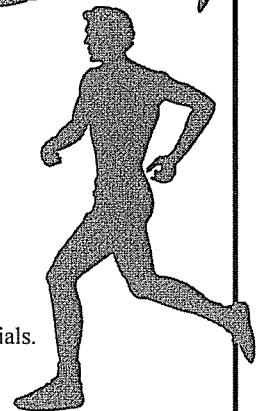
Organized by the

Kiwanis Club of Santa Clarita

to benefit the

Homebound Seniors of Santa Clarita Valley

Sunday, October 5, 2008—Run begins at 8 a.m.



Sponsorship Levels*

GOLD Sponsorship Level: \$750

- Prominent location for name & logo on Run T-shirts and all advertising.
 - Logo & name on Run Entry Form and flyers.
- Seven (7) complimentary Run Entries and four (4) T-shirts.

SILVER Sponsorship Level: \$500

- Prominent location for name & logo on Run T-shirts and all advertising.
 - Logo & name on Run Entry Form and flyers.
- Five (5) complimentary Run Entries and four (4) T-shirts.

BRONZE Sponsorship Level: \$250

- Name & logo on Run T-shirts and all advertising.
 - Logo & name on Run Entry Form and flyers.
- Two (2) complimentary Run Entries and four (2) T-shirts.

IRON Sponsorship Level: \$100

- Name on Run T-shirts and all advertising.
 - One (1) complimentary Run Entry

*To be included on T-Shirt sponsorship monies and artwork must be received by September 15, 2008. Sponsor information will be included in advertising and other media as soon as possible after receipt of materials.

Please indicate your sponsorship level above; complete information below, and mail with your check to the address below. You may include your camera-ready artwork with your check or email to kgeller-shinn@scvsc.org as a JPEG, PDF, TIFF, GIF or similar electronic document.

Company Name: _____ **Contact:** _____

Address: _____ **Phone #:** _____

City: _____ **State:** _____ **Zip:** _____

email: _____



Please make checks payable to SCV Senior Center K5K

22900 Market Street, Santa Clarita, CA 91321

Non-Profit Tax ID # 95-3081997

FULL RELEASE OF ALL CLAIMS

This is a Release and Promise Not to Sue and this is enforceable under California law. Read completely before signing. Do not make any changes to this form.

I, the person named below, wish to participate in a 5K Run scheduled for October 5, 2008 conducted on the premises of Six Flags California in Valencia, California. This is an extraordinary event and is separate and apart from the regular business of Six Flags California which is the operation of two family amusements parks located on the premises and known as Six Flags Magic Mountain and Hurricane Harbor.

_____(Initial) In consideration of being permitted to participate in this extraordinary event as a competitor, or in any other capacity, I, on my own behalf and on behalf of my heirs, executors, administrators and personal representatives, **DO HEREBY AGREE TO RELEASE AND HOLD HARMLESS FROM ALL CLAIMS AND TO NOT SUE** Six Flags Inc., dba Six Flags Magic Mountain, Hurricane Harbor and Six Flags California and their Officers, Directors, Employees and agents as well as their affiliate, subsidiary and parent companies. This Agreement also includes those who are involved as sponsors, organizers, advertisers, promoters as well as volunteer workers involved in the conduct of the 5K Run, including Kiwanis International, the Kiwanis Club of Santa Clarita/N-S Kiwanis Foundation and their Officers, Directors, agents and employees. This RELEASE is meant to include OTHER PARTICIPANTS in the 5K Run unless a Participant's actions are Intentional or involve Gross Negligence amounting to willful misconduct.

_____(Initial) THIS RELEASE IS ALL ENCOMPASSING AND UNIVERSAL and is intended to pertain to all Preparatory Actions and Events, including travel to and from the 5K Run location as well as the conduct of the actual 5K Run event. This RELEASE pertains to all aspects of the EVENT including the condition of the 5K Run course and All Persons and Entities Named Above are RELEASED FROM ALL LIABILITY, INCLUDING SITUATIONS AND EVENTS HEREIN IT IS CLAIMED THAT THOSE NAMED ABOVE WERE NEGLIGENT AND CAUSED OR CONTRIBUTED TO AN INJURY TO MY PERSON.

I hereby certify that my physical condition and my health are such that I may safely compete in this 5K Run and I have no reason to believe that my participation in this Event would be a danger to myself or to other participants. In the event of an injury or illness I authorized those named above to procure First Aid Care and Medical Treatment, at my expense, as may be reasonable and necessary under the circumstances.

(Sign on Page 2)

I have read the Entry Form for the Event and I agree to comply with all of the conditions set forth. I understand that the event, including individual participants, may be televised, videotaped, and photographed and that my likeness may be included and that it may be used to give Notice of the Event and to publicize this and future events and I understand and agree that I shall not be entitled to be paid money or compensated in any manner for such use of my likeness.

Dated: _____

Event Participant (Print Name): _____ Signature _____

Date of Birth & Age _____

Parent & Guardian Release

For Participants under the age of 18 years on the day of the Event – This RELEASE & HOLD HARMLESS AGREEMENT & MEDICAL AUTHORIZATION TO TREAT must be signed by a Parent or Legal Guardian. I, the person named below, hereby Certify that I am the parent and/or Legal Guardian of the Event Participant named above, who is under the age of 18, and I sign this Release waiving such rights as the participant may have in the absence of such a Release against those identified above.

Print Name: _____ Signature _____

Relationship: _____

**THIS IS A RELEASE OF ALL CLAIMS
Initial All Indicated Areas on Page 1**