

Event Waiver and Release of Liability

WARNING: READ THIS EVENT WAIVER AND RELEASE OF LIABILITY AGREEMENT (THE "AGREEMENT") CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS. BE AWARE THAT BY EXECUTING THIS AGREEMENT AND PARTICIPATING IN THIS EVENT, YOU WILL BE EXPRESSLY ASSUMING THE RISK AND LEGAL LIABILITY, AND WAIVING AND RELEASING ANY CLAIMS FOR INJURIES, DAMAGES, OR LOSS WHICH YOU MIGHT SUSTAIN AS A RESULT OF ANY ACTIVITIES CONNECTED WITH PARTICIPATION IN THE EVENT. DO NOT SIGN (OR CLICK TO AGREE) THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

Warning of Risks and Assumption of Risks. Participation in the Event may challenge and engage your physical and mental resources. You should not participate in the Event if you have any health conditions affecting your ability to participate. You should seek advice from your physician before participating in the Event. There is always a risk of injury when participating in exercise activities and, understandably, not all hazards and dangers can be foreseen. Participation in the Event may involve inherent risks, dangers and hazards, which may occur without warning, or be due to poor skill level, lack of conditioning, carelessness and other unforeseen, unidentified or unexpected perils inherent in physical activities. By execution of this Agreement, I acknowledge that I understand the risk and danger of accidents, physical injury, effects of exercise, and the unpredictable nature of the human body and the activities inherent in the nature of the Event. I acknowledge that I am a voluntary participant in this Event, and in good physical condition. I further acknowledge that physical exercise and participation in this Event will challenge and engage my physical resources. I have either visited with my physician and received doctor's advice and consent to my exercise program or have waived such advice and consent of my doctor, and accept any and all risks.

Waiver, Release and Indemnification. I UNDERSTAND AND ACKNOWLEDGE THAT NEITHER THE SPONSOR NOR ANY OF ITS AFFILIATES ARE INSURERS OF MY CONDUCT AND SAFETY. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT. TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THIS EVENT, THE SPONSOR AND ANY AFFILIATED INDIVIDUALS OR ENTITIES ASSOCIATED WITH THIS EVENT (INCLUDING ALL TRUSTEES, DIRECTORS, MANAGERS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND REPRESENTATIVES OF THE SPONSOR) (THE "RELEASEES") FROM ANY AND ALL LOSSES, DAMAGES, LIABILITIES OR OTHER CLAIMS AND CAUSES OF ACTION WHATSOEVER THAT I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY, DEATH OR DAMAGE SUFFERED BY ME, MY PERSONAL PROPERTY OR OTHERS, WHETHER THE SAME BE CAUSED BY FALLS, CONTACT WITH OTHER PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I AGREE THAT, IN THE EVENT ANY PERSON BRINGS ANY CLAIM OR ACTION INDIVIDUALLY OR ON MY BEHALF, RELATED TO ANY INJURY OR LOSS SUFFERED BY ME AS A RESULT OF MY PARTICIPATION IN THE EVENT, THAT I WILL INDEMNIFY THE RELEASEES AGAINST SUCH CLAIMS, INCLUDING THE PAYMENT OF ATTORNEY FEES. I AGREE THAT THIS AGREEMENT SHALL BIND MY GUARDIAN, ASSIGNS, HEIRS, ADMINISTRATORS AND EXECUTORS FOREVER.

I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceedings.

If I do not follow all the rules of this Event, I understand that I may be removed from the Event. I give my full permission to this event and their sponsors and corporate sponsors to use any photographs, videotapes or other recordings of me that are made during the course of this Event

The Corvallis Clinic Run For The Health Of It

Saturday, October 5, 2019 in Corvallis, OR at The Corvallis Clinic Asbury Building

- **5K Run/Walk**

- \$25.00 Registration - Adults (13-64)
- \$15.00 Registration - Students & Ages 65+



First Name: _____

Last Name: _____

Gender (circle one): Male Female

Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Date of Birth: _____

Phone: _____

High School Affiliation: _____

Shirt Size: Extra Small Small Medium Large Extra-Large Double Extra Large

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Optional

Please consider an Additional Donation (circle one) \$5 \$10 \$25 \$50 \$100 No Thank You

Please Sign Below

Your signature will signify your understanding, acceptance, and authorization to accept the conditions of this legal document, including the following statements:

- I have read, have understood, and do accept the agreement on reverse.
- I understand that this is a legal document with effects that I approve and authorize.
- The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.
- I am authorized to agree to the terms of this document on behalf of the registrant.
- If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

Signature

You must be 18 years of age to legally complete this registration. If the registrant is under 18, an authorized adult must complete this form.

If the person you are registering (registrant) is under 18, do not enter his/her age. You will do that on the next step. Enter *your* age here as the person completing the form.

Provide your current age: _____

Please sign: _____ Date: _____

