

“STRENGTH of Purpose Achieves the Impossible”

- Paula Scaletta

GENERAL INFORMATION for Bear Lake 5k for Cancer!

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Gender: F M

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

Emergency Contact: _____

E-mail Address: _____

Nearly all event communications will come via e-mail, so providing a valid e-mail address is crucial.

T-Shirt Size: S M L XL 2XL 3XL 4XL

You Must Sign The Waiver

The Bear Lake 5k Walk for Cancer Release and Indemnification

The Bear Lake 5k Walk for Cancer - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Bear Lake 5k Walk/Run.

It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Name of Participant (Please Print)

Date

Signature of Participant and or Parent or Guardian

Date