

Participant Event Waiver and Release Form

MUST BE READ AND AGREED TO FOR REGISTRATION TO BE PROCESSED

Please take a moment to read the waiver below that is required for participation in the 6th Annual Zane's Run.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, understand that this event involves physical exercise (i.e., walking or rolling), and state that I am in good physical condition for the purposes of participating in this event.*

I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT (BOTH BEFORE AND AFTER THE EVENT), AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST FAMILIES OF SPINAL MUSCULAR ATROPHY ("FSMA"), ITS CHAPTERS, OFFICERS, STAFF, VOLUNTEERS, REPRESENTATIVES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES"), INCLUDING BUT NOT LIMITED TO ALL CITY AND STATE GOVERNMENTS, FROM ANY LOSS (OF PERSONAL PROPERTY, GOODS OR OTHERWISE), LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY (OR MY CHILD'S) PARTICIPATION IN THIS EVENT (BOTH BEFORE AND AFTER THE EVENT) INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

If I am injured while participating in the 6th Annual Zane's Run, I consent to emergency medical care being provided to me, but recognize that nothing in this authorization creates a duty or obligation by any of the releasees to provide me with emergency medical care. I further understand and agree that any and all costs or fees associated with any emergency medical care or medical services provided to me will be at my sole cost and expense and I may choose to carry personal medical insurance to cover any such costs at my sole discretion.

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 FSMA and its chapters, and their corporate sponsors, Inc., to use or authorize others to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event on social media including, but not limited to, Families of SMA's Facebook, Twitter, YouTube and Fundraising Stars blog as well as in Families of SMA and Zane's Run online and print publications. I further release the Releasees of any and all costs, liabilities or damages that I may have resulting from or relating to such use.

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 proceeding.

Note: This event will occur rain or shine. We reserve the right to cancel in extreme circumstances, in which event there will be no refunds; rather your entry fee will be used as a donation to Families of SMA.

I agree with the terms and conditions above.

Participant Name (Please Print): _____

Signature: _____

Event Date: _____

(Signature of parent or guardian if participant is under 18 years of age)