

# 7th Annual Zane's Run

Sunday, September 27, 2015



Make today a breakthrough.

## Registration Form

Please print. Please make sure to sign the event waiver on the reverse side of this form.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Team Name: \_\_\_\_\_

Names of participants you are registering: \_\_\_\_\_

Fees:	QTY	TOTAL
Adult (Age 18-55) \$30	_____	\$ _____
Seniors/Students \$25	_____	\$ _____
Youth (12 & under) \$20	_____	\$ _____
Additional Donation		\$ _____
Total		\$ _____

### Payment Method

Check Enclosed (Please make checks payable to: Cure SMA)

Cash  Square

Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*100% of net proceeds will benefit Cure SMA.*

- I'm interested in getting involved with the Pennsylvania Chapter
- I'm interested in learning about volunteer opportunities for the Annual Zane's Run
- I'm interested in planning an event in my area

**Please see reverse side for Participant Waiver and Release Form**



Make today a breakthrough.

# Participant Event Waiver and Release

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 7th 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 CURE SMA, 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 7th 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 Cure SMA and its chapters, and their corporate sponsors, 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 and 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.

\*An adult must accompany children up to age 18.

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 Cure SMA.

I agree with the terms and conditions above. By signing below, you are waiving liability for all participants listed.

Participant Name (please print): \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signer must be over 18 years old)