BRAIN ANEURYSM FOUNDATION

Raising Awareness. Ending Fear.™

EVENT REGISTRATION FORM

6TH ANNUAL PITTSBURGH BRAIN ANEURYSM AWARENESS 5K RUN/WALK• AUGUST 24, 2019

Name: _____

Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

❑ **Runner** **D.O.B** _____ **Age** _____ **M / F** **Bib #** _____

❑ **Walker**

Payment: ❑ **Cash** ❑ **Check**

Additional Donation: $ _____ **Total: $** _____

In consideration of the acceptance of my entry, I for myself, any heirs, executors, administrators and assigns, due hereby release and discharge the Brain Aneurysm Foundation, all sponsors, any and all volunteer groups, or individuals in the case of death or injury from any participation in the event.

Signature: _____ Date: _____

Must be signed by parent or guardian if participant is under the age of 18.

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Payment received: ❑ **Cash** ❑ **Check**

Total Received: $ _____ **Date:** _____

Thank you for your support of the 6TH Annual Pittsburgh Brain Aneurysm Awareness 5K Run/Walk!

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EVENT WAIVER

6TH ANNUAL PITTSBURGH BRAIN ANEURYSM AWARENESS 5K RUN/WALK - AUGUST 24, 2019

STATEMENT OF RISKS: There are significant elements of risk in any sport or activity associated with running and walking, including this Pittsburgh event ("the Activity") and related activities that are incident thereto, including any training programs.

ACKNOWLEDGEMENT OF RISKS: I acknowledge that the following describes some, but not all, of the risks of participating in the Activity: inclement weather, lightning, variances and extremes of wind, weather, and temperature; heat or sun-related injuries or illnesses including sunburn, sunstroke, and dehydration; fatigue, chill, and dizziness, which may diminish reaction time and increase the risk of an accident; falls; contact with other participants; traffic; and road conditions. I am aware that the Activity entails risk of injury or death. I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death as a result of participation in the Activity.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I hereby knowingly and freely assume all such risks, both known and unknown, including full responsibility for and risk of bodily injury, death or property damage as a result of my participation in the Activity, even if the injury, death or property damage is caused, in whole or in part, by the negligence of the Brain Aneurysm Foundation, and any or all of its officers, directors, agents, subsidiaries, committees, boards, and employees (hereinafter, "the Releasees"). I verify that I am sufficiently fit, trained, qualified, and capable to participate in the Activity. I assume full responsibility, for myself and any minor children for whom I am responsible, for any bodily injury, accident, illness, death, loss of personal property and expenses related thereto as a result of any accident which may occur while I participate in the Activity. I assume the risks of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions, contusions, dehydration, oxygen shortage (anoxia), heart attack, exposure, head, neck, and spinal injuries, insect or animal bites, allergic reaction, shock, paralysis, or death.

RELEASE & WAIVER OF LIABILITY: I, the participant or parent/guardian of the participant, for myself, my heirs, representatives, assigns, and next of kin, in consideration for registration and participation in the Activity, do fully and forever release, waive, discharge, hold harmless, and covenant not to sue the Releasees from all liability to the participant, his/her personal representatives, assigns, heirs, and next of kin for death, personal injury, or property damages and from any and all claims, demands, suits, loss, and causes of action on account of death, personal injury, or property damages suffered or sustained by me or any person or property as a result of or arising out of my participation in the Activity, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

SEVERABILITY: Should any portion of this Release of Liability and Assumption of Risk (the "Release") be judicially determined invalid, voidable, or unenforceable, for any reason, such portion of this Release shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver.

By accepting, I acknowledge that I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature _____ Date _____