

Registration

I am **walking** **running** **riding** **not attending**

Please check your registration donation amount.

Walkers, runners and riders will receive an event T-shirt.
 Riders will receive a cycling jersey for raising over \$500.

All donations above the \$35 registration are tax-deductible and go directly to the Bennett Cancer Center.

Online registration will close on Friday, June 4th, at 12:00 noon. Adult Walk/Run Registration for Day of Event is \$45.

- | | |
|---|---|
| <input type="checkbox"/> Child under 12: No Fee
Does not include T-shirt | <input type="checkbox"/> Run Registration: \$35 |
| <input type="checkbox"/> Child under 12: \$15
Includes T-shirt | <input type="checkbox"/> Ride Registration: \$100 |
| <input type="checkbox"/> Walk Registration: \$35 | <input type="checkbox"/> Pacesetter: \$1,000 |
- I've enclosed a check payable to Stamford Hospital for \$____. All funds are directed to the Bennett Cancer Center.
- Charge my credit card for the amount I've indicated at the bottom of the page.

 PARTICIPANT'S NAME (please print)

 STREET

CITY STATE ZIP

PHONE NUMBER E-MAIL ADDRESS

DATE OF BIRTH MALE/FEMALE (circle one)

T-SHIRT SIZE (S, M, L, XL, XXL)

TEAM NAME

I AM PARTICIPATING IN HONOR OF IN MEMORY OF
 (please check appropriate box and fill in person's name)

CREDIT CARD PAYMENT ONLY
 MasterCard, VISA, AMEX (circle one)

NAME ON CARD	AMOUNT (\$)
CREDIT CARD NUMBER	
EXPIRATION DATE	CVV 3 or 4 digit # (now required by law)

Signature _____
 Parent's Signature (if participant is under age 18)

Waiver/Release

PARTICIPANT RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND CONSENT

In consideration of being allowed to register and participate in Hope in Motion for Stamford Hospital's Bennett Cancer Center Walk, Run and Ride 2010, related events and activities, I, the undersigned, individually or as parent or legal guardian of a minor participant under 18, understand and agree that:

- I hereby certify that I am, or the minor participant is, physically fit for the purposes of participating in Hope in Motion in the capacity of a biker or runner and/or walker as applicable, and that I have not been informed to the contrary by a physician.
- I am aware of the risks inherent in biking, running, and walking and that injury may occur as a result of participation in these activities, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I, intending to be legally bound, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself or the minor child from participation and bring such hazard to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin or for the minor child on behalf of his or her heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, [INDEMNIFY AND HOLD HARMLESS] STAMFORD HEALTH SYSTEM, STAMFORD HOSPITAL FOUNDATION and THE CITY OF STAMFORD, and these entities' officers, officials, agents and/or employees, as well as other participants, sponsors, advertisers, volunteers, suppliers/vendors, and, if applicable, owners and lessees of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER OR NOT ARISING FROM THE NEGLIGENCE OF THE RELEASEES, resulting from participation in Hope in Motion events, to the fullest extent permitted by law; and,
- This provision only applies to parents or guardians of any minor under the age of 14 who will be participating in the event: I, as parent or legal guardian of the minor participant under the age of 14, agree to participate alongside said minor for the duration of the course, and, if I am not participating in the event, I agree to have another qualified adult participate alongside said minor for the duration of the course; and,
- I consent that any photographs and/or video taken by photographers/film crews shall remain the property of Stamford Hospital Foundation and grant permission for use of my name and/or picture or the minor participant's name and/or picture for the purpose of advertising, publicity, in-house publications, promotions or any other legitimate account of these events.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND CONSENT FORM, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM, AND DO SO FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____
 Parent's Signature (if participant is under age 18)