

TOGETHER WE CAN

Benefiting the Rush Memorial Hospital Foundation Brian's Cause Cancer Treatment Relief Fund
Saturday, August 20, 2016 • 8:00 a.m. to 10:00 a.m.

REGISTRATION FORM (one form per person please)

Please make checks payable to RMH Foundation and add "Brian's Cause" in the memo section.

I would like to participate in:

- ☐ Brian's Cause Event **ONLY** \$25
Includes event activities and t-shirt
- ☐ 5k Timed "In Color" Walk/Run **ONLY** \$40
Includes timing device, event activities, t-shirt, and medal
- ☐ Please include a breakfast ticket with my registration for an additional \$5!
(Breakfast available throughout the event.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age: _____ ☐ Male ☐ Female Are you a cancer survivor? ☐ Yes ☐ No Number of years: _____

Shirt Size (Please check one): ☐ Youth L ☐ Adult S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

Additional Donation Enclosed: ☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ Other amount \$ _____

Please make checks payable to RMH Foundation and add Brian's Cause in the memo section.

I am aware that any photographs taken during the event may be used in future publications and I grant the Hospital and the Foundation all rights to use these photographs in any medium for educational, promotional advertising, or other purposes that support the mission of the Hospital and the Foundation.

Signature: _____ Date: _____

Participants under 18 years of age must have a parent or guardian signature.

Note: A waiver (located on the back) must be signed by every participant regardless of age.

Mail or drop off registrations and signed waivers to:

Faith Mock, Rush Memorial Hospital Foundation

1300 North Main Street, PO Box 215, Rushville, IN 46173 • 765-932-7568



RUSH MEMORIAL HOSPITAL FOUNDATION/RUSH MEMORIAL HOSPITAL

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT

("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any Rush Memorial Hospital Foundation or Rush Memorial Hospital event ("Activity") I, for myself, my personal representative, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of sports activities and that I am qualified, in good health and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. FULLY UNDERSTAND that: (a) SPORTS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or in-actions, the actions or in-actions of others participating in the activity, the conditions in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Rush Memorial Hospital or the Rush Memorial Hospital Foundation, their administrators, directors, agents, officers, members, volunteers, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF the "RELEASEES", I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expense, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant _____ Phone: (____) _____

Address: _____
Street City State Zip

Participant Signature _____ Date _____

MINOR RELEASE

AND I, THE MINOR'S PARENT AND / OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF SPORTS ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO ANDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEDGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS AND FUTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of Parent/Guardian _____ Phone (____) _____

Address: _____

Parent/Guardian Signature: _____ Date: _____