

Blazing Trails for Brain Injury

Registration for Walk/Roll Event



WHAT: 5K Run 1-Mile Walk/Roll

WHEN: Sunday June 11, 2017

LOCATION: Zorinsky Lake Park 3808 South 154th St
Omaha, NE 68130 Shelter #5

REGISTRATION: \$35 per person. (See virtual run/walk information below.)

1-mile Walk/Roll: Onsite sign up for WALKERS and ROLLERS 8:00 am.

TEAMS: Create a team and raise additional money for brain injury awareness

Runners must register online - <http://bit.ly/BlazingTrailsforBrainInjury>.

1-mile Walkers/Rollers register below or online

Name _____ Date: _____

Address: _____ City, ST, Zip _____

Phone: _____ Email: _____

Are you part of a team? Yes No Are you part of a virtual team? Yes No

If so, team name: _____ T-shirt size: _____ (XXL add \$2)

To walk or roll at the event in Omaha, register for \$35 \$_____

If running/walking virtually, register for \$25 without a T-shirt or \$35 with shirt
\$_____

Donation (optional) \$_____

Total sent \$_____

TO REGISTER: Mail this form with a check & signed waiver to
BIA-NE, PO Box 22147, Lincoln, NE 68542

MORE INFORMATION: Cathy Wyatt at cwyatt@baine.org or 402-661-9611.

Blazing Trails June 11, 2017 Race Waiver

Must be signed and sent with registration or you will not be registered.

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race.

I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signed:

Printed Name

Signature