

Lake County Race to End Cancer



June 15th, 2019

10:00 am

Salish Kootenai College

Fun Run/Walk – 1 Mile, 5k, 10k

Barbecue, Raffle, Cake Auction, Luminaria

Registration Costs:

Lake County Relay For Life Team participants – no charge

Adult with t-shirt \$25 – without t-shirt \$20

Children ages under 12 with t-shirt \$15 - without t-shirt \$10



Printed Name: _____

Address: _____

Phone Number: _____

Email: _____

Adult with t-shirt _____ T-shirt Size: SM MED LRG XL 2XL 3XL

Adult without t-shirt _____

Child under 12 with t-shirt _____ T-shirt Size: SM MED LRG XL 2XL

Child under 12 without t-shirt _____

Team _____ T-shirt Size: SM MED LRG XL 2XL 3XL

Please sign the back of this form and return with payment to:

Kris Holmes
3550 Mullan Road
Suite 103
Missoula, MT 59808

Or, register on-line <https://www.crowdrise.com/o/en/campaign/lake-county-race-to-end-cancer>



STAY WELL | GET WELL | FIND CURES | FIGHT BACK | CANCER.ORG | 1-800-227-2345

CONSENT AND RELEASE: PLEASE READ CAREFULLY BEFORE PROCEEDING!

This Consent, Release and Waiver of Liability (the "Release") is hereby executed on the date written below by the undersigned participant or volunteer (the "Participant") in favor of the American Cancer Society, Inc., their affiliated divisions and entities, including in each case, without limitation, their directors, officers, employees, volunteers, and agents (collectively "ACS"). The Participant desires to engage in certain activities and/or events with ACS, including but not limited to Relay for Life® and/or Making Strides Against Breast Cancer® (the "Activities") and understands that his/her participation in these Activities may include but are not limited to camping, picnicking, walking, jogging, running, bicycling, golfing, other recreational activities, and any other events or activities reasonably anticipated to be performed by Participant as a part of or in any way associated with ACS Activities. The Participant acknowledges that he/she derives personal satisfaction and a benefit by virtue of his/her participation with the ACS and/or performing the Activities discussed above, and Participant willingly engages in these Activities.

The Participant hereby freely, voluntarily, and without influence from anyone or duress of any kind executes this Release and consents and agrees to each of the following:

RELEASE AND WAIVER. THE UNDERSIGNED PARTICIPANT HEREBY RELEASES, WAIVES AND FOREVER DISCHARGES ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST ACS, INCLUDING ITS SUCCESSORS AND ASSIGNS, EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE, FAULT OR MISCONDUCT OF ANY KIND ON THE PART OF ACS FOR DAMAGES OR CAUSES OF ACTION, INCLUDING BUT NOT LIMITED TO DEATH, BODILY OR PERSONAL INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH PARTICIPANT, HIS/HER HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON THEIR BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM THE PERFORMANCE OF PARTICIPANT'S ACTIVITIES AND/OR PARTICIPATION WITH ACS ACTIVITIES.

ASSUMPTION OF THE RISK. The Participant understands that the Activities include work that may be hazardous to the Participant, including but not limited to camping, picnicking, walking, bicycling, jogging, and running, and any other activities reasonably anticipated to be performed by Participant as a part of or in any way associated with ACS Activities, and hereby knowingly assumes the risk of injury, harm and loss associated with the Activities and participation with the ACS, including any injury, harm and loss caused by the negligence, fault or misconduct of any kind on the part of ACS.

MEDICAL TREATMENT. Participant does hereby release and forever discharge ACS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant's Activities with ACS. Participant hereby grants permission to ACS to render preventative or first-aid assistance or seek treatment or medical care that seems reasonably necessary, including hospitalization, for Participant's health and well-being. Participant agrees that ACS may give out any and all medical information, including Participant's personal health information ("PHI"), to any physicians, hospitals, ambulance companies, or any other health care provider in the event of an emergency and/or hospitalization, as reasonably necessary for purposes related to Participant's treatment.

THE FOLLOWING MUST ALSO BE COMPLETED BY PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR CHILD UNDER 18 YEARS OF AGE:

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT EITHER ELECTRONICALLY OR ON PAPER I AM BEING LEGALLY BOUND BY THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY.

Date

Participant's Signature

Parent/Guardian Signature if under 18 years of age



