



2018 **PUSHING HOPE** Annual Marine Industry Charity

5K & 1 MILE FUN RUN / WALK

benefiting **Mary Crowley Cancer Research**

Saturday - August 18th, 2018 @ 7:00 a.m. – 12:00 p.m.

Check-In begins at 6:00 a.m. at

Kirkwood Athletic Association 2377 Marshall Rd, Kirkwood, MO 63122



Any individual, family, or team of runners/walkers may participate in the **PUSHING HOPE** 5K & 1 Mile Fun Run/Walk; however, each participant must accept and sign the RELEASE OF WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT prior to participating. If a run/walk participant is a minor under the age of 18; signature of both participant and parent/legal guardian is required.

Individual Registration - \$25 Race Fee + \$2.50 Sign-Up Fee (*Sign-Up Fee Applies to Online Reservations Only)

Online Fun Run/Walk Registration available at <https://runsignup.com/Race/MO/Kirkwood/PUSHINGHOPE5K>

Participant Name _____	Team Name (if applicable) _____
Company _____	Emergency Contact Name _____
Address _____	Emergency Contact Phone _____
City/State/Zip _____	_____ / _____ / 2018
Phone # _____	Signature of Participant (Required) _____ Date _____
Email _____	_____ / _____ / 2018
T-Shirt Size _____	Age on race day _____
	Signature of Parent/Guardian (Required if Participant is a minor) Date _____

I have read this RELEASE OF WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT for the **PUSHING HOPE** 5K & 1 Mile Fun Run/Walk (hereinafter the "Run/Walk") and understand that I have given up substantial rights by signing above. I have signed freely and without inducement or assurance of any nature, and intend this to be a complete and unconditional release of all claims and liability to the greatest extent allowed by law. I also agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. In consideration of participating in the Run/Walk, I represent that I understand the nature of running/walking events and that I am qualified, in good health, and in proper physical condition to participate in such an activity. I acknowledge and agree that, if I believe that event conditions are unsafe, I will immediately discontinue participation. I fully understand and agree that running/walking events are inherently dangerous activities that involve risks of serious bodily injury or death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below, or other causes; and that there may be other risks 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 injuries, losses, costs, and damages I may incur as a result of my participation. I hereby release, discharge, and covenant for myself, my heirs, executors and administrators, not to sue Mary Crowley Cancer Research, Kirkwood Athletic Association, the City of Kirkwood MO, St. Louis County, MO, Ceres Consulting, LLC or its affiliates, administrators, directors, agents, officers, volunteers, employees, other participants, additional sponsors, advertisers, and if applicable, owners and lessors of premises on which the Run/Walk takes place (each considered one of the "RELEASEES" herein) from any and all liability, claims, demands, losses, causes of action or damages of whatever kind or nature, arising from or related in any way to my participation in the Run/Walk caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES" or other causes, including negligent rescue operations. I further agree that if, despite this RELEASE OF WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I make a claim against any of the "RELEASEES", I will indemnify, save, and hold harmless each of the "RELEASEES" from any loss, liability, damage or cost which may be incurred as a result of such claim, including attorney's fees. This RELEASE OF WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT shall be as broad and inclusive as permitted by law.

Please send a copy of this form along with your check or credit card information to the address below by 7/21/2018.

PAYMENT BY CHECK PAYMENT BY CREDIT CARD CARD TYPE: VISA MC AMEX

Team Name:		
Total Due:	Signed By:	
Card Number:	Exp. Date:	Security Code:
Name On Card:	City:	State:
Billing Address:		Zip Code:

Please make check payable to: Mary Crowley Cancer Research Mail Completed forms to:
ATTN: Ashlea Hinkle, Mary Crowley Cancer Research, 12222 Merit Dr, Ste 1500, Dallas, TX 75251-3289
*You will receive acknowledgment of your funds, and if not, please contact Ashlea Hinkle @ (214) 658-1980
or via email at ahinkle@marycrowley.org*