



BRAIN ANEURYSM FOUNDATION

Raising Awareness. Ending Fear.™

EVENT REGISTRATION FORM

The New Jersey Brain Aneurysm and AVM Support Group Run/Walk - Saturday, September 20, 2014 - New Brunswick, NJ

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

☐ Runner D.O.B _____ Age _____ M / F Bib # _____

☐ Walker

Payment: ☐ Cash ☐ Check

Additional Donation: \$ _____ Total: \$ _____

In consideration of the acceptance of my entry, I for myself, any heirs, executors, administrators and assigns, due hereby release and discharge the Brain Aneurysm Foundation, all sponsors, any and all volunteer groups, or individuals in the case of death or injury from any participation in the event.

Signature: _____ Date: _____

Must be signed by parent or guardian if participant is under the age of 18.



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Thank you for your support of The New Jersey Brain Aneurysm and AVM Support Group Run/Walk!

Payment received: ☐ Cash ☐ Check

Total Received: \$ _____ Date: _____



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EVENT WAIVER

THE NEW JERSEY BRAIN ANEURYSM AND AVM SUPPORT GROUP RUN/WALK • SEPTEMBER 20, 2014 • NEW BRUNSWICK, NJ

1. I understand that my execution of this Waiver is a prerequisite for participation in the 3rd Annual Brain Aneurysm Awareness Walk, including, but not limited to, training programs prior to the event (collectively the "Event").

2. I understand that in order to be allowed to participate in the Event, I agree to assume all risks and to release and hold harmless the Brain Aneurysm Foundation, and their affiliates, divisions, assigns, successors in interest, agents, servants, employees, officers, trustees and directors, past and present and each of them, its officers, agents, employees, assigns, successors in interest, contractors, vendors (and their agents), agencies, sponsors, officials, and volunteers, including walk leaders, participating communities and clubs and all government and public entities including, but not limited to, the State, County and local municipalities where the events take place (collectively the "released Parties").

3. I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had on my own behalf and on behalf of my survivors, heirs and estate, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in the Event. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Released Parties.

4. I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action under Pennsylvania law that I may have or have had on my own behalf and on behalf of my survivors, heirs and estate, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation. In making this waiver, I acknowledge that I have read and understood Pennsylvania Civil Code 1542 (quoted below) and expressly and voluntarily waive any and all rights I have or may have under such section with respect to those claims, demands, and causes of action released in this Waiver. Specifically Section 1542 provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

This release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Released Parties, including claims for wrongful death.

5. I understand and agree that this release applies to personal injury, property damage, or wrongful death that I may suffer, even if caused by the negligent actions or omissions of others. I understand that by agreeing to this release that I am assuming full responsibility for any and all risk of death or injury or property damage suffered by me while participating in the Event, including training prior to the Event. I understand and agree that this release will be binding on my heirs, my personal representatives, and my assigns.

6. I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this Event. I understand that I must have valid health insurance at the time of the event. Further, I acknowledge that I am at least 18 years of age.

7. I understand that if I have not raised the minimum that I may make my own donation to reach that minimum. I understand that I am responsible for my own safety on this event, and I will abide by all Event and traffic rules.

8. If a Volunteer: I understand that I will be part of the volunteer service organization on the Event. I also understand that am not required to meet a fundraising minimum in order to participate.

9. I agree to allow the Released Parties, and their contractors, agencies and sponsors, the use of my name and likeness in connection with the Event for any purpose related to the advertising or promotion of the Event, worldwide in perpetuity in all forms of media now and forever known.

10. Should any portion of this Waiver be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver. I have carefully read this Waiver and fully understand its contents. I am aware that this is a release of liability and I agree of my own free will.

Signature _____ Date _____