



ON-SITE REGISTRATION FORM

(Please **PRINT** Clearly)

___ 5K Walk ___ 5K Run

If participating in the 5K run, age on 7/16/17 _____ Male ___ Female ___ (For timing purposes)

Registration Fee: **\$35.00** Additional Donation: \$ _____ Total: \$ _____

Team Information (Please select one):

I am registering as a Team Captain for a new team - Team Name: _____

I am registering as a member of an existing team

Team Name: _____

I am registering as an individual and not participating as a member of a team.

Participant Information:

Full Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____ Phone: _____

I am an Ovarian Cancer Survivor

Payment Information:

Please Check One:

Check (payable to Swedish SummeRun) Cash Credit (Visa, MasterCard, Am Express, Discover)

Card # _____ Exp Date _____ CVC # _____

Signature _____ Date _____

If filling out electronically, please type name

READ THIS! I acknowledge that participating in a race/walk (the "Event") is hazardous. I hereby assume all risks associated with the Event including, but not limited to, injury, illness and/or death as a result of exertion, stress, exhaustion, weather, collisions, falls, traffic, course conditions, and all other risks of the Event, known or unknown, inherent or otherwise. I acknowledge that I am solely responsible for my safety and for that of any others I register and will be responsible for informing others that I register about the risks described above. In consideration of acceptance of entry into the Event, I, for myself, and any participant I have registered and for whom I am legally entitled to act, hereby waive and release Swedish Health Services, Swedish Medical Center Foundation, Providence Health & Services, Marsha Rivkin Center for Ovarian Cancer Research, Hamilton Events, Inc., End Result Company, LLC, City of Seattle, and all sponsors, their representatives and successors ("Released Parties") from all claims or liabilities of any kind resulting from, arising out of, or incident to participation in the Event, even if said liabilities arise out of negligence on the part of the Released Parties. I understand that the Event may be photographed, videotaped, audiotaped, or otherwise recorded, and I hereby grant to the Released Parties all rights and license to use the name and likeness (in any form) of myself and any minor participant for whom I am legally entitled to act, without any additional consideration. I have carefully read this RELEASE, WAIVER, and ASSUMPTION OF RISK and understand that I am relinquishing substantial rights. I freely and voluntarily agree to the terms and conditions herein.

I have read the wavier to the right and agree to its terms:

Signature (parent or guardian if under 18) _____ Date _____

If filling out electronically, please type name