

Spirit of Survival



**MAY 28, 2005
5-10K WALK/RUN**

**Want
to walk?**

**Want
to run?**

**Take the
challenge!**

**Hosted by Chad Crittenden
from CBS' *Survivor: Vanuatu***

**Mount Tamalpais State Park
801 Panoramic Highway
Mill Valley, CA 94941**

The challenge: To raise awareness so that we can assist those with sarcoma, a rare and aggressive form of cancer. Your efforts will help extend and improve the lives of sarcoma patients through accurate diagnosis, guidance, education, and support.

Ready to take the challenge? For more information about how to run, walk, or volunteer, log onto our website at www.sarcomaalliance.org or call us at (415) 381-7236.

Spirit of Survival 2005

Take the Challenge

REGISTRATION FORM



I am registering as a: Walker Runner Volunteer

My challenge is: 5K 10K Special Needs Walk

First Name _____ M.I. _____ Last Name _____

Male Female

D.O. B. (month/date/year) ____ / ____ / ____

All Spirit of Survival participants must be 18 years of age
or accompanied by a parent or guardian

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime phone: () _____ Evening phone: () _____

Emergency Contact: First name _____ Last Name _____

Telephone Number: () _____ Relationship: _____

Please accept my \$30.00 registration fee (\$15.00 for students) by:

Credit Card Visa MasterCard American Express

Account Number: _____

Expiration Date: _____ Signature: _____

Check: Please make checks payable to the Sarcoma Alliance and mail with this form to
775 East Blithedale, Suite 334 Mill Valley, CA 94941

Registration fees include: All written materials, T-Shirt, and participation in the picnic after the Spirit of Survival Run/Walk!

Registration Commitment: I commit to raising \$_____.00 by May 15, 2005 and will send that sum to the Sarcoma Alliance at that time.

T-Shirt Size: M L XL

Liability Waiver: Please read, sign, and send back the enclosed liability waiver.

Optional Questions:

I'm a sarcoma survivor

I'm a friend or family member of the following sarcoma survivor(s): _____

I'm participating in memory of the following sarcoma hero(es): _____

How did you hear about this event?

Website Newsletter PSA Friend Other



PARTICIPANT RELEASE AND WAIVER – SPIRIT OF SURVIVAL 2005

1. I agree to assume all risks of death, illness, injury, and property damage and/or loss while participating in the Spirit of Survival 2005 (Event), and to release, waive all rights against, and hold harmless the Sarcoma Alliance, their officers, employees, agents, contractors, sponsors, officials, and volunteers, and all government and public entities including Mount Tamalpais State Park, (collectively, the entities and persons described in this Section 1, the “Releasees”).
2. I understand and agree that I am assuming full responsibility for any and all death, illness, injury, and property damage and/or loss that I may suffer in connection with the Event, including, but not limited to, death, illness, injuries, or property damages and/or loss arising from, among other things, (a) negligence or carelessness on the part of the Releasees, including, but not limited to, negligent rescue operations, dangerous or defective equipment or property owned, maintained, or controlled by the Releasees, or because of liability without fault, even if caused by the actions or omissions of others, and/or (b) terrain, facilities, weather, temperature, vehicular traffic, and other hazards or conditions.
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, whether under statutory or common law, existing now or in the future, 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. I fully understand that I cannot hereafter make further claims or seek any further recovery of any nature whatsoever against any Releasee based upon, arising out of, or in connection with the Event, and I hereby expressly waive all future unknown claims caused by, or alleged to be caused by, any act or omission of any Releasee. This release constitutes a complete release, discharge, and waiver of any and all actions or causes of action against the Releasees arising out of the Event.
4. I hereby indemnify and hold harmless the Releasees from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the Event, including any litigation, expenses, attorney’s fees, loss, liability, damage, or cost that may occur as a result of any such claims.
5. This Waiver and Release of Liability shall be governed by California law and construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I agree that if any portion of this Waiver and Release of Liability is held to be invalid, the rest shall nonetheless remain in full force and effect.

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS - READ IT CAREFULLY BEFORE SIGNING

6. I certify that I am at least 18 years of age on the date hereof, or, if not, my parent or legal guardian is also executing this Waiver and Release of Liability on my behalf, as reflected below. I have carefully read this Waiver and Release of Liability and fully understand its contents. I am aware that this is a waiver and release of liability, and I sign of my own free will.

Signature: _____ Date: _____

Signature of Parent and/or Legal Guardian _____ Date: _____