

10280 Chester Road, Cincinnati, OH 45215 P: (513) 772-4888 | F: (513) 326-3852 www.thecurestartsnow.org

I wish to participate in the Blast Cancer Brain Tumor Walk. I understand the acceptance of the waiver is required to participate in the Event. I further 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 agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials or volunteers may authorize necessary emergency treatment for me. If I am injured as a participant in the Event, I agree to assume all risks and to release and hold harmless The Cure Starts Now, and its officers and representatives. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates and animals are not allowed in the event and I will abide by this guideline. I am aware that the Sponsors strongly discourage the use of personal audio devices (iPods and MP3 headsets).

I, the user of this site, agree that all content I post to this site does not represent or reflect the views of this organization. I understand that the organization reserves the right to edit my personal and/or team page at any time for any reason. I, the user of this site, agree that I have full copyright permission to use any images and/or videos on this site and any claims of copyright violation will be directed toward me, the user of this site, and not the organization.

Having read this waiver and knowing these facts and in consideration of your accepting my entry into this event, I, for myself and anyone entitled to act on my behalf, waive and release The Cure Starts Now (collectively "The Sponsors"), their officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I authorize any healthcare provider to release any and all information pertaining to my healthcare, medical condition and medical treatment as a result of my participation in this event to the Sponsors and their respective staffs.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and that I accept of my own free will.

If the participant is under 18 years of age at the time of registration, the participant's parent or legal guardian must completely review this Waiver and Release. The parent or legal



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guardian understands and consents to its terms, and authorizes the participation of the registrant by his/her acceptance below."