

5K RUN/WALK Registration Form

You must be a female and at least 13 years old to participate. Participants are limited, register early. One participant per form.

1. Participant Information:

Name: first and last: _____

2. Date of birth (Example: December 15, 2008) _____

3. Emergency contact name, phone, relationship: _____

T-Shirt Size (circle one): XS S M L XL XXL
T-shirts are not guaranteed after August 31, 2022.

4. Parent/Guardian Information:
 Last Name: _____
 First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

PARENT/GUARDIAN WAIVER SIGNATURE
 Printed Name: _____
SIGNATURE: _____
 Date: _____

5K Walk/Run Participant: \$40.00
 Fee waived for fundraising of \$150 or more.

5. Payment Information:

Please make check/s payable to: SNMH Foundation/ Millar Fund and mail this form and your check to:
 BSN 2022 Triathlon, PO BOX 1810, Grass Valley, CA 95945 or provide:
 VISA/MC#: _____
 Exp. Date: _____ 3 Digit Code: _____
 Name on card: _____

Signature: _____

Address/City/State/Zip: _____

Sponsored Athletes only – Complete form in its entirety and submit to address above:
 Sponsored by: _____

IF AN INDIVIDUAL RAISES \$150 OR MORE IN DONATIONS FOR THIS EVENT, HER REGISTRATION FEE CAN BE WAIVED. A SIGNED. WAIVER FORM IS STILL REQUIRED TO PARTICIPATE.

Entry not considered valid unless signed.

Activities subject to change due to federal, state, or COVID-19 restrictions. If the event must be cancelled, refunds may be requested in writing. Otherwise it will be directed to the BSM mammogram program.

Release of Liability:

1. I acknowledge that the Barbara Schmidt Millar Women's Triathlon & 5k (hereinafter an "Event") is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property damage. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE EVENT either individually or as a member of a relay team. I acknowledge and agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in an Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in any Event which I elect to enter. I know that I should consult with medical doctor before participating in this event. If I have NOT done so, I understand that I have assumed the risk of injury that could result and will not seek to hold anyone else responsible.

2. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might attempt to sue on my behalf, I HEREBY WAIVE, RELEASE and FOREVER DISCHARGE THE FOLLOWING PERSONS OR ENTITIES ("the Released Parties"), Barbara Schmidt Millar Women's Triathlon committee, Sierra Nevada Memorial Hospital Foundation, Inc., Sierra Nevada Memorial Miners Hospitals Inc., Dignity Health, Jason Maier Timing, Danielle Scallin, NID, Cascade Shores, all Event sponsors, Event producers, Event staff, administrators, and other governmental bodies and locations in which Events or portions of Events take place, and their collective agents, servants, employees and volunteers, from any and all claims, causes of action, damages, losses (economic and noneconomic), and liabilities of every kind, for death, personal injury, or property damage which may arise out of, result from, or relate to my participation in the stated Event, including but not limited to any claims for theft, damage to any equipment, negligence, partial or permanent disability, claims relating to the provision of first aid, medical care, medical treatment, or medical decision (at the Event site or elsewhere), and any claims for medical or hospital expenses.

3. I acknowledge and ASSUME ALL OF THE RISKS of running, and participating in all other sports and aspects of any Event in which I decide to participate (collectively, "risks"). I acknowledge that these risks may include dangerous conditions and exposure to potential physical injury or even death resulting from, among other things, vehicles or persons on the race course, falls, contact or encounters with other participants, staff, officials, contractors, vendors, volunteers and spectators, the effects of weather including heat, cold, and humidity, defective equipment and dangerous conditions on the roads. By signing below, I understand that I will be participating in all aspects of the Event at my own risk, that it is ultimately my responsibility to risk participation in the Event and that I am waiving and releasing my legal rights to sue for any injury or damages arising out of or resulting from all such risks. I further understand that these risks I am releasing include injury arising out of the negligence or carelessness on the part of persons or entities defined above as Released Parties.

4. FURTHER COVENANT and AGREE NOT TO SUE any of the Released Parties for any of the claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY and HOLD HARMLESS the Released Parties from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, my breach or failure to abide by any part of this Waiver Agreement, and my actions or inactions which cause injury or damage to any other person.

I HEREBY AFFIRM THAT I AM A FEMALE AND AM THIRTEEN (13) YEARS OF AGE OR OLDER. "I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A LEGALLY ENFORCEABLE CONTRACT BETWEEN MYSELF AND THE ORGANIZERS OF THE EVENT AND/OR ITS AFFILIATED ORGANIZATIONS. I SIGN IT OF MY OWN FREE WILL."

Note that as a participant you may be photographed on race day. Photos may be used for media, marketing or promotional purposes for BSM and the Sierra Nevada Memorial Hospital Foundation.

EACH PARTICIPANT & PARENT/GUARDIAN MUST SIGN THIS WAIVER.

Printed Name: _____

SIGNATURE

Printed Name: _____

SIGNATURE

Date: _____