

## **Dominate Diabetes 5K Registration Form and Release of Liability**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender (circle):    Male                  Female

Shirt Size (circle):    S          M          L          XL          XXL          XXXL

Make Checks Payable to: MUSOP APhA-ASP

Registration Fee: \$20

Activity Date and Time: Saturday, April 15, 2023 at 10:30 am.

### **Release of Liability**

I have voluntarily applied to participate in the above activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in personal injury and I understand and appreciate the nature of such hazards and risks. In consideration of my participation in the above activity, I hereby accept all risk to my health and of my injury that may result from such participation and I hereby release Marshall University, its Board of Governors, employees, staff, students, volunteers and representatives (individually and collectively "Marshall") and the Village of Barboursville from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, that may result from or occur during my participation in the activity, whether caused by Marshall's or Barboursville's negligence or otherwise. I further agree to indemnify and hold Marshall and Barboursville harmless from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature: \_\_\_\_\_

Parent/Guardian Signature if under 18: \_\_\_\_\_

Date: \_\_\_\_\_