



Registration Form

SIGN UP FOR:

- Runner with a Chip by 6/2/17
- 4 Person Team before 6/2/17

PRICE

\$25.00
\$80.00

SIGN UP FOR:

- Runner with a Chip after 6/2/17
- 4 Person Team after 6/2/17

PRICE

\$35.00
\$120.00

Name: _____ Email: _____

Address: _____ Age: _____ Birth Date: _____/_____/_____

_____ Team Name: _____

Phone Number: _____ I am a cancer survivor M F

T-Shirt Size: YL SM M L XL 2XL

EACH TEAM MEMBER must complete individual registration forms and reference the team name.

IN HONOR / MEMORY OF: _____

\$25.00 special race tags \$100.00 engraved brick on the memorial path at CRMC

I can't participate but I want to support the cause with a gift of: \$30.00 \$40.00 Other: _____

COMPLETE & MAIL ENTRY FORM TO:

Cookeville Regional Charitable Foundation • 1 Medical Center Boulevard • Cookeville, TN 38501
or fax to 783-2093 or email foundation@crmchealth.org

PLEASE SIGN WAIVER BELOW

WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING. I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Sara Alice Bagci Memorial Run – (the “Event”), Cookeville Regional Medical Center, Cookeville Regional Charitable Foundation, the City of Cookeville, all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. I understand that there will be no refunds.

If Event cannot be staged or is cancelled for any reason. Cookeville Regional Medical Center reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I will abide by the decision of any race official. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I hereby grant permission to Cookeville Regional Medical Center, Cookeville Regional Charitable Foundation, to use any photographs, videotapes, motion pictures, recording or any other record of this event for legitimate purpose including commercial advertising. I have read this waiver carefully and I understand it. IF ATHLETE IS UNDER AGE 18: The signature certifies that my son/daughter has my permission to participate in the Sarah Alice Bagci Memorial Run The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature: _____ Date: _____