



## American Respiratory Care Foundation Vent 5K Event

### Registration Form

This form is to register your team for a Vent 5K Event and should be returned to the ARCF by the team captain. You must agree to abide by rules and conditions for the Event. Please submit this form to ARCF, 9425 N. MacArthur Blvd., Suite 100, Irving TX 75063.

#### ***TEAM CAPTAIN NAME AND ADDRESS***

Name	Email	Address	City	State	Zip

#### ***TEAM CAPTAIN PLEDGE***

I understand that as team captain, I am responsible for collecting appropriate registration materials and ensuring that all event rules are followed. This includes:

- collecting registration information and waiver of liability from each crew member
- collecting and sending money following the event to the ARCF
- filing a post-event report to include photographs and news clippings

Signature	Date

Planned Event Location	Planned Date



## American Respiratory Care Foundation Vent 5K Event

You are registering as a crew member in the Vent 5K Event. You agree to help raise money and abide by the rules and conditions for the Event. By signing this form, you are agreeing to the waiver that appears below.

### ***CREW MEMBER INFORMATION***

Name	Signature	Email	Address	City	State	Zip	Contact *

\*Checking this box provides the ARCF permission to contact me regarding future events. This information will not be sold, traded, shared or bartered with any other organization or entity.

## ***PLEDGE, WAIVER AND RELEASE OF LIABILITY***

### **Pledge**

I wish to participate in ARCF Vent 5K Event. I am registering as a crew member. I will be at least 12 years or older on the date the event commences. Minors 12 to 17 years of age must be accompanied by a parent or legal guardian during the event.

I understand that all donations processed by the ARCF Vent 5K Event office are non-refundable and non-transferable. I understand that my team must raise at least \$500 in order to participate in the event.

### **Waiver and Release of Liability**

I understand that while participating in this event, I may be using public streets and facilities where many hazards exist and I am aware of and appreciate the risks that may result. I am also aware that accidents may occur during this event which could result in serious injury or death. I am voluntarily participating in this event with knowledge of all such risks.

In consideration for being permitted to participate in this event, I agree to assume all risks and to release, hold harmless and covenant not to sue the American Respiratory Care Foundation and any other designated beneficiaries, sponsors, officials, participating clubs, or organizations.

I intend by the Waiver and Release of Liability to release in advance, and to waive my rights and to discharge all of the releasees from all claims, losses or liabilities for death, bodily injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this event, even though that liability may arise from negligence or carelessness on the part of the releasees, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release of Liability is binding on my heirs, assigns and legal representatives.

I am physically capable of completing this event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I will read the event description and rules for participation in the event and I will abide by all rules and regulations established by the event organizers and personnel. I further agree that my participation in the event is subject to the sole discretion of the organizers of the event, and that my participation may be limited for medical or other safety-related reasons.

I understand that my name, photograph, voice or likeness may be used for promotional purposes related to the event by the American Respiratory Care Foundation and their sponsors, beneficiaries, licensees, affiliates and employees. I consent to and authorize, in advance, such use and waive all rights of privacy I have in connection therewith. And I understand that I will not benefit financially from any use thereof.

I have carefully read this Waiver of Liability and Agreement and fully understand its contents.