



EVENT DATE: JUNE 30TH, 2018

2018 REGISTRATION FORM

PARTICIPANT INFORMATION

Name _____

Name of Guardian (if younger than 18) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Home Cell Work

Email _____

Gender: Male Female Date of birth ____/____/____

Team Name (if applicable) _____

Emergency Contact Name _____

Emergency Contact Number (____) _____

T-shirt size: S M L XL 2XL 3XL

PAYMENT INFORMATION

Check (payable to Rotary Club of Bangor Breakfast)

VISA MasterCard Discover

Cardholder's Name _____

Card Number _____

Expiration Date ____/____ CVV Code _____

Signature _____

WALK OR RUN

DISTANCE

1K 5K 10K Half Marathon

CATEGORY

- Adult (\$35 entry fee)
 Youth (Age 7-17) (\$25 entry fee)
 Child (Age Birth-6) (\$0 entry fee)

VIRTUAL PARTICIPANT

CATEGORY

- Adult (\$25 entry fee)
 Youth (Age 7-17) (\$15 entry fee)

BICYCLE RIDE

DISTANCE

30 Miles 60 Miles 100 Miles

CATEGORY

- Adult (\$75 entry fee)
 Youth (Age 7-17) Accompanied by adult (\$25 entry fee)

MOTORCYCLE RIDE

Adult (\$35 entry fee)

EXTRA MEAL

X _____, \$15/each = _____ total

SIGN WAIVER ON BACK

WAIVER, ASSUMPTION OF RISK AND INDEMNIFYING RELEASE AGREEMENT

Bangor Area Challenge for Charities 'the Event'
Rotary Club of Bangor Breakfast 'the Organizers'
Date: Saturday, June 30th, 2018

I declare that:

1. My accepted entry into the Event will not be transferred to another entrant.
2. In the event of any 'act of God' conditions causing a cancellation of the Event, I agree that my total entry fee is not transferable or refundable.
3. I understand that while voluntarily participating in this event and related activities I will be engaged in physical activity and I am aware of and appreciate the risk that may result. I am in an appropriate physical condition to participate in the Event, given the known parameters of the Event (such as the length, time, physical demands and environmental context).
4. I have taken medical advice on any pre-existing medical conditions, and confirm that it is medically safe for me to participate in the Event. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows of and has approved my participation in the event. I will maintain personal health insurance while participating in the 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 abide by
5. I acknowledge that there are risks involved in the Event. I fully realize the dangers of participating in the Event and fully assume the risks associated with my participation and my wellbeing and safety during and after the Event. I understand and acknowledge that the Event organizers (including all officials and event volunteers) provide no warranties, regarding my wellbeing and safety.
6. I understand and agree that situations may arise during the Event, which may be beyond the immediate control of the Event organizers (including all officials and event volunteers).
7. I am aware that accidents may occur during the event which could result in serious injury or death. I am voluntarily participating in the event with knowledge of such risks.
8. I will participate in the Event, in a manner that does not endanger either me or others.
9. I agree that to the extent permissible by law, the Event organisers (including all officials and event volunteers), the sponsors and other parties associated with the Event, have no liability to me whatsoever for any direct or indirect loss, (including, but not limited to injury or death) sustained by me during or in any way related to my participation in the Event.
10. I authorize the use of my name, voice, picture and information on this entry form in any broadcast, telecast, promotion, advertising, and in any other way, without payment to me or any other form of compensation.
11. I agree to comply and abide by all the rules, and regulations pertaining to the Event.
12. I agree to follow all reasonable safety instructions provided to me by the Event organizers, (including all officials and event volunteers) before, during and after the Event.
13. I consent to receive medical treatment in the event of illness or injuries or an emergency suffered during the Event.
14. I assume full and complete responsibility and risk for any injury or accident which may occur during my participation in the event, and I hereby release absolutely, indemnify, promise not to use, and forever hold harmless Bangor Area Challenge for Charities, Rotary Club of Bangor Breakfast & Bangor Area breakfast Charities and their affiliates, sponsors, promoters, and all of their volunteers, agents and other persons and entities associated with this event (all individually and collectively known as "releases" from any and all claims, losses, injuries, and liabilities, or damages including, but not limited to, property or consequential punitive damages, whatsoever of every name, inclusive of attorney's fees and costs, (collectively, "Damages") that I have or may have in the future based upon any acts of omissions, whether known or unknown, relating to, arising out of, or in connection with, the event, WHETHER SUCH DAMAGES BE CAUSED BY MYSELF OR BY THE NEGLIGENCE, OF ANY DEGREE, OF THE RELEASEES.
15. Minors younger than the age of 18 must be accompanied during the event by a parent or legal guardian who is also a participant.
16. This agreement may not be modified orally or in writing by any individual. I understand and acknowledge that the event involves inherent risks and hazards that no amount of care, caution, instruction or expertise can eliminate; I nevertheless freely and voluntarily assume all such risks and hazards to participate in the event.
17. I intend by the Waiver, Assumption of Risk and Indemnifying Release Agreement to release in advance, and to waive my rights and to discharge all releases (as defined above), from any and all claims, losses or liabilities for death, bodily injury or damages including, but not limited to, property, or consequential punitive damages, whatsoever of every name, inclusive of attorney's fees and costs that I may have, or which may hereafter accrue to me, as a result of my participation in the event, EVEN THOUGH THAT LIABILITY MAY ARISE FROM NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY OR ALL 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, Assumption of Risk and Indemnifying Release Agreement is binding on my heirs, assigns and legal representatives.
18. I have carefully read this waiver, Assumption of Risk and Indemnifying Release Agreement and fully understand its contents. I am aware that by signing this waiver I am agreeing to its terms, including waiving legal rights. Knowing this, I agree to these terms on my own free will.
19. On behalf of the minor participant, I hereby irrevocably and unconditionally agree to all of the terms of Waiver, Assumption of Risk and Indemnifying Release Agreement. I also, for myself and on behalf of my heirs, estate, insurers, successors and assigns, hereby release, indemnify, promise not to sue, and hold harmless all releases (defined above), with respect to any and all claims or causes of action brought or asserted by or on behalf of the minor I may have damages for personal or bodily injury, disability, death, loss of damages including, but not limited to property, or consequential punitive damages, whatsoever of every name, inclusive of attorney's fees and costs, WHETHER ARISING FROM THE NEGLIGENCE OF ANY OR ALL OF THE RELEASES OR OTHERWISE, WHETHER OR NOT NEGLIGENCE HAS BEEN PROVEN, to the fullest extent permitted by law.
20. I acknowledge that I carefully read and understand this Voluntary Activities Participation Waiver and Release of Liability and that I agree to its terms and conditions. THIS AGREEMENT RELEASES LIABILITY FOR NEGLIGENCE.

Signature (if participant is older than 14 years of age): _____ Date: _____

Signature of Guardian (if participant is younger than 18 years of age):: _____ Date: _____

MAIL COMPLETED FORM WITH PAYMENT TO:

Rotary Club of Bangor Breakfast
C/O Bangor Area Challenge For Charities
PO Box 2471, Bangor, ME 04402

Or you can register online at:
www.bangorareachallengeforcharities.com