



Aultman Health Foundation Bee Healthy Race Registration

First Name: _____ Last Name: _____

Address: _____ City: _____ St: _____ Zip code: _____

Phone: _____ E-mail: _____

Sex: Male Female Birth date: ___/___/___ Age: _____

Race: 2-Mile 5-Mile T-shirt Size: XS S M L XL

Are you in the Elite Category of the Subway Challenge Series? Yes No

To participate in the 2010 Bee Healthy Race being sponsored by Aultman Health Foundation, I acknowledge and agree as follows:
1.) My participation in the above named sport/activity is voluntary. 2.) My participation in the above named sport/activity may present a risk of injury, including, but not limited to, sore muscles, fractures, muscle strains, or tendinitis, and other possible dangers, including, but not limited to, shortness of breath, nausea, abnormal blood pressures, dizziness, fainting, and, in rare instances, abnormal heart events or heart attacks. 3.) I understand that, if there is any reason to question my health or ability to participate in the above named sport/activity, it is my sole responsibility to obtain any physical examination, medical release, or determination of physical fitness before I begin participating in the above named sport/activity. 4.) To the extent authorized by law, I, along with my assigns, successors, heirs, executors, and personal representatives, release and discharge AultCare, Aultman Health Foundation, Aultman Hospital, and their affiliates, directors, officers, employees, agents, successors, and assigns, from any and all claims and demands arising from or in any way connected to my participation in any sport/activity sponsored by Aultman Health Foundation, including any injuries to my person, including death, or to my property. 5.) For all Aultman Health Foundation employees only: I understand that, if I suffer an injury or disability while voluntarily participating in the above-named sport/activity, I may not file a claim for workers' compensation benefits and I am waiving any such right to such benefits. I further understand that, if I aggravate or re-injure a preexisting injury, whether work-related or not, I may not file a claim for workers' compensation benefits for the aggravation or re-injury. My signature below certifies that I have carefully read the above statements that I agree to each and every term of this release and waiver, that I am voluntarily accepting this waiver, and that I am assuming all risk of injury, loss and damage that may arise while I am participating in a sport/activity sponsored by Aultman Health Foundation.

Signature

Date

Mail to: Aultman Bee Healthy Race, 2600 Sixth Street SW Canton, OH 44710, Attn: Shawn Matheny

Make checks payable to: **Aultman CCC**