



PARTICIPANT REGISTRATION

CONTACT INFORMATION

Name _____ Team (If on a team) _____

Street Address _____ City, State, Zip _____

Telephone _____ Fax _____

Email Address _____

Participation: Walker []

If you'd like to participate in our 5k run please visit www.fresnoaidswalk.org/register

Reason for Walking (Not required) _____

[] In addition to participating, I can **volunteer** to help with the event. Please contact me.

I wish to enter and participate in Fresno AIDS Walk on Saturday, October 21st, 2017. I, the participant (and parent or guardian if participant is younger than 18 years of age) intending to be legally bound, for myself, and my heirs, executors and administrators, waive, release and forever discharge any and all rights or claims for damage which I may have or which hereafter accrue to me against any and all person(s), organizations and legal entities affiliated with Fresno AIDS Walk, and more particularly the employees, officials and officers of WestCare California and The Living Room, producers of Fresno AIDS Walk, its sponsors and volunteers, individually and as a whole, together with their representatives, officers, agents, employees, successors, assigns and/or sponsors, for any and all damages which may be sustained or suffered by me in conjunction with my entry in, or arising out of, my travel to, participation in, or returning from said event.

I hereby agree to release to Fresno AIDS Walk/ WestCare California full and exclusive rights to record my performance in this event on film, videotape or still photography for use without compensation.

I understand that this is an athletic event and hereby certify I am properly conditioned to participate in and compete in this event. This release extends to all claims of any kind and nature whatsoever, whether known or unknown.

I understand and acknowledge, by my signature hereon, that I am waiving my right to assert any claim or cause of action against WestCare California and Fresno AIDS Walk in exchange for my participation in this event. Also by my signature, I acknowledge that I have read and understand the contents of this waiver and have either sought independent legal counsel regarding the advisability of execution this waiver or have elected not to seek such counsel. I also understand that if, for any reason, this waiver is held to be void, voidable, against public policy or unenforceable, I am waiving my right to have any claim I may assert arising from my participation in this event determined by a jury of my peers and may only have my claims adjudicated through final, binding arbitration in Fresno County, CA.

Signature _____ Date _____

**Please e-mail, mail or fax registration form to:
The Living Room
901 E. Belmont Fresno, CA 93701**

Phone: 559-486-1469 Fax: 559-486-1910 Email: Toni.harrison@westcare.com

For More Information & Registration: FresnoAidsWalk.com

