



**Boys with a Dream**  
**5K Autism Awareness**  
**Fun Run/Walk**

**The race is untimed and no winners-it's done in the spirit of fun!**

**Saturday, April 29, 2017**

**Race Location:** Bedford Middle School

**Race Time:** 9am-12pm registration is from 8am-8:45am

**Entry Fees/Deadline:** Pre-Registration (by March 31<sup>st</sup>) \$20.00 includes a T-Shirt and goodie bags. Race day registration- \$25.00

**Amenities:** Refreshments available

Donation to Blue Ridge Autism and Achievement Center (BRAAC)

Please contact: Sheryl Brown 540-586-6584/540-460-5946

Veronica Robinson 434-851-1882 or Sanetra Sigei 434-941-9941

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## **Fun Run/Walk Registration Form**

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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Shirt Size:**

**Youth:** S M L     **Adult:** S M L XL 2XL 3XL 4XL

### **WAIVER, RELEASE, HOLD HARMLESS AND CONSENT**

In consideration for the opportunity to participate with the Boys with a Dream WALK/RUN for Autism and Awareness (the "Event"), I agree as follows for myself, and for my children who participate and/or attend with me:

\_\_\_\_\_ 1. I hereby waive and release, for myself, my child, my heirs, executors and administrators, any and all rights, claims, liabilities and causes of action whatsoever I or my child may have against the Boys with a Dream, its affiliates and the Event operators and sponsors and each of their respective officers, directors, employees and agents (the "Event Parties") relating to or arising from my or my child's participation in the Event, including but not limited to personal injury.

\_\_\_\_\_ 2. I recognize the Event has inherent risk of injury and I hereby assume that risk, on behalf of me and my child. If I or my child causes injury to any person or damage to any property while participating in the Event, I hereby indemnify and hold harmless the Event Parties from and against any and all claims, suits, actions, losses, damages and expenses relating to or arising from such injury or damage.

\_\_\_\_\_ 3. I hereby give my consent to the Boys with a Dream and its affiliates to use my and my child's name and photographs, video and film ("Photos") of me and/or my child taken before, during, or after the Event in advertising and promotional materials for the Boys with a Dream, including but not limited to the Internet, without compensation. I agree that no advertising or other material need be submitted to me or my child for approval. I agree that all Photos of me and/or my child used by Boys with a Dream and its affiliates are owned by the Boys with a Dream and they may copyright material containing same. I hereby release, discharge, and agree to save harmless the Event Parties from any liability, including, without limitation, any claims for libel or invasion of publicity/privacy, by virtue of any use of my or my child's name and/or Photos, including, any alteration of such Photos, whether intentional or otherwise.

\_\_\_\_\_ 4. It is the policy of the Boys with a Dream to maintain the safety and privacy of children and their families. Participants are not allowed to include any identifying information such as full names, photos, family information, home address, medical condition, school name, or phone number when creating a fundraising page without the express written permission to disclose any such identifying information of the identified person or, if a minor, the child's legal parent(s) or guardian(s). By posting any identifying information, the participant is representing and warranting to the Boys with a Dream that he or she has the required written consent in their custody or control, and which will be made available for inspection upon request by any employee of the Boys with a Dream. If any participant engages in any acts that violate or are alleged to violate the above referenced policy, that participant, in addition to having his or her participation page immediately deactivated, hereby agrees to indemnify, hold harmless and defend the Event Parties from and against any and all claims, related to or arising from any injury or damage that stems from, or that is alleged to stem from, participant's disclosure of any information in contravention of this policy.

I have read and understand this Release, and declare all information is truthful and accurate.

**I have carefully read and reviewed this Waiver, Release, Hold Harmless and Consent fully and execute it voluntarily.**

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Participants Printed Name \_\_\_\_\_

Parents/Guardians Signature (if participant is under the age 18 or under a legal disability)

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_