

**Pinkathon San Francisco
Registration & Liability Waiver 2018**

Name _____ Sex _____ Age _____

Address _____

City, State Zip _____

Phone _____ E-mail _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Event (circle One) 5K 10K 10M 13.1M 26.2M 50K Adventurethon/Scavenger Hunt

Are you a Breast Cancer Survivor? If so, how many years? _____

Are you running in honor of someone? If so, who?

WAIVER MUST BE SIGNED:

I, _____, the undersigned, affirm that I am participating voluntarily in **PINKATHON San Francisco**. I know that running, walking or volunteering for a road/trail run is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a run official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the run and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, pedestrians, bicyclists or pets, the effects of the weather, including wind, rain, high heat and/or humidity, traffic and the conditions of the roads, trails, and sidewalks, no aid stations, no water or bathrooms, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or rollerblades, animals, and personal music players are not allowed in the run and I will abide by all run rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Pinkathon San Francisco, its organizers, the city of San Francisco, the volunteers and participants, the Breast Cancer Research Foundation, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

Parent's Signature if under 18 years: _____ Date: _____