



TEAM REGISTRATION

First Name _____ Last Name _____

Team Name _____

Address _____

City _____ State _____ Zip _____ Phone Number (_____) _____

Email _____

Preferred Shirt Size (please circle one) S M L XL MALE FEMALE

Liability Waiver

As a participant in The Shaver Shuffle 5K, I, for myself, personal representative, administrators, heirs, devisees and assigns do hereby discharge the Randy Shaver Cancer Research and Community Fund, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, organizers or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions, illnesses, death and causes whatsoever in any matter arising from or related to of my participation or that of my child in the event.

I agree to indemnify the Randy Shaver Cancer Research and Community Fund for all fines, fees and expenses incurred as a result of the breach of any contractual obligations of the Shaver Shuffle Participant. I attest and verify that I am, or my child (under 18), is medically able to participate and assume all risks of participation in this event.

I understand that I may be photographed, filmed or videotaped at the event. I hereby irrevocably grant to Randy Shaver Cancer Research and Community Fund, its affiliates, licensees and collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever, including commercial advertising.

I state that I am physically fit and able to run in the Shaver Shuffle 5K Race and I have trained sufficiently for this event. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

If the participant is under the age of 18, a parent or guardian needs to give consent for them to participate in the Shaver Shuffle 5k and have agreed to all of the Shaver Shuffle Participant Terms and Conditions on their behalf.

I understand that the \$30 registration fee is a non-refundable donation to the Randy Shaver Cancer Research and Community Fund in case of withdrawal on my part or cancellation due to inclement weather.

Your electronic signature is the online equivalent of your ink-on-paper signature, and can be provided by typing your name where indicated. The electronic signature will signify your understanding, acceptance, and authorization to accept the conditions of this legal document, including the following statements: I have read, have understood, and do accept the agreement above.

I understand that this is a legal document with effects that I approve and authorize. The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.

I am authorized to agree to the terms of this document on behalf of the registrant. If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

You must be 18 years of age to legally complete this registration. If the registrant is under 18, an authorized adult must complete this form. If the person you are registering (registrant) is under 18 enter his/her age in the space below. Enter your age after your name in the signature out the form.

I agree to the terms stated above

Please sign here

Date