

7th Annual Leading the Way 5K

Saturday, May 5, 2018 • 10:00 a.m. • AVH Professional Center, 7 Page Hill Road, Berlin



- Open to the Public
- 3.1 Mile/5K
- \$10 Donation Requested to Benefit the AVH Auxiliary
- Rain or Shine
- Runners/Walkers Welcome



To register, please complete the following Agreement and mail along with a check made payable to “AVH” to: James Patry, Sr. Director, Patient Experience and Marketing, Androscoggin Valley Hospital, 59 Page Hill Road, Berlin, NH 03570.

Liability and Hold Harmless Agreement

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this event.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Androscoggin Valley Hospital, its employees, volunteers and Board of Directors (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO NOT SUE the above named RELEASEES.

I hereby authorize RELEASEES to photograph and/or videotape any or all of my participation in this event for the purpose of promotion of this and/or future Hospital and/or Hospital Auxiliary related events.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature: _____ Print Name: _____

Address: _____

Telephone: _____ Date: _____

If under 18:
 Parent's Signature: _____ Print Name: _____