

OFFLINE REGISTRATION FORM

Online Registration Available at FloridaAIDSWalk.org



Please complete the information fields below and sign.

Registration fee is \$25. Payment to accompany this form must be made via check or money order.

Mail form to: AHF-FL AIDS WALK, PO BOX 935744, ATLANTA, GA 31193-5744.

Please make all checks payable to "AHF — Florida AIDS Walk".

First Name

Last Name

E-mail

Mailing Address

Apt. #

City

State

Zip Code

Phone

(Circle one)

MF MtF FtM Nonbinary Other Prefer Not to Say

REGISTRATION TYPE (Choose One)

Individual Walker

Join an Existing Team- **Team Name:** _____

Create a New Team/Become Team Captain- **Team Name:** _____

FLORIDA AIDS WALK WAIVER

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, understand that this event involves physical exercise (ie., walking 10K), and state that I am in good physical condition for the purposes of participating in this event.*

I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT (BOTH BEFORE AND AFTER THE EVENT), AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST AIDS HEALTHCARE FOUNDATION, INC., AND EVENT 360, INC., ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES"), INCLUDING BUT NOT LIMITED TO EVENT 360, INC., THE CITY OF FT. LAUDERDALE, FROM ANY LOSS (OF PERSONAL PROPERTY, GOODS OR OTHERWISE), LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT (BOTH BEFORE AND AFTER THE EVENT), INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

If I am injured while participating in the Florida AIDS Walk, I consent to emergency medical care being provided to me, but recognize that nothing in this authorization creates a duty or obligation by any of the releasees to provide me with emergency medical care. I further understand and agree that any and all costs or fees associated with any emergency medical care or medical services provided to me will be at my sole cost and expense and I may chose to carry personal medical insurance to cover any such costs at my sole discretion.

If I do not follow all the rules of this event, I understand that I may be removed from the event. I give my full permission to AIDS Healthcare Foundation and its local Affiliates, their corporate sponsors and Event 360, Inc. to use or authorize others to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event and I further release the Releasees of any and all costs, liabilities or damages that I may have resulting from or relating to such use.

I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

*An adult must accompany walkers up to age 16.

Note: This event will occur rain or shine. We reserve the right to cancel in extreme circumstances, in which event there will be no refunds: rather your entry will be used as a donation to the AIDS Healthcare Foundation, Inc.

X

Signature

Date