



**N A M E**

**National Alliance for Medicaid in Education, Inc.**

**5th Annual Anysia Drumheller Memorial 5K or 1 mile Run, Walk, Roll  
7:00 am, Tuesday, October 17, 2017, Fort Lauderdale, FL**

**Participant Waiver—Must be Completed and Submitted to Participate**  
**Either bring to the run registration or complete and email prior to run to:**  
**[ConferenceCommittee@MedicaidForEducation.org](mailto:ConferenceCommittee@MedicaidForEducation.org)**

I \_\_\_\_\_ (your name) know that participating in a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I am responsible for my own physical and mental condition during this event and agree to immediately withdraw if continued participation would create a risk of danger to me or to others. I also know that there will be a possibility of traffic on the course. I assume the risk of running/walking in traffic. I also assume any and all other risks associated with entering this event including, but not limited to, falls, contact with other participants, hazards, spectators, the effects of the weather and the conditions of the roads, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles.

I am also fully aware that headphones are strictly prohibited, and I agree not to have them on the course. Furthermore, I agree not to go back onto the course after finishing. I am fully aware that it is a fraudulent act to switch race numbers with anyone or allow anyone other than myself to wear my race number, and I agree not to do this.

Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, promise not to sue, and waive and release and discharge any and all race sponsors, race officials, officers, directors, board members, volunteers, local and state police, governmental bodies, including any and all of their agents, employees, assigns or anyone acting for or on their behalf from any and all damages or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event, whether same is caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

The undersigned grants permission to event sponsors and or agents authorized by them to use any photos, videos, motion pictures, or any other record of this event for any purpose. I understand that any photography, motion pictures, recordings and/or likenesses captured of me during the event becomes the sole property of the National Alliance for Medicaid in Education (NAME, Inc.) and grant and transfer all rights to use such materials without restriction.

I acknowledge that NAME at its sole discretion may delay, modify or cancel the events if conditions or natural or man-made emergencies make administering the event difficult or unsafe. I agree that "emergency" is defined to mean any event beyond the organizers' control including but not limited to weather, high wind, hail, rain, tornado, earthquake, flood, acts of terrorism, fire, labor difficulty, war, public disaster and unavoidable casualty. In the event of a delay, modification or cancelation of any of the events, I understand that I will not be entitled to a refund of my entry fee or any other costs incurred in connection with the events. Further, I understand that entry fees and associated costs are not refundable for any reason under any circumstances, including injury, scheduling conflict and/or event cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male