

WALPOLE HISTORICAL SOCIETY

5K Past Dash

A Run or Walk Past Some of Walpole's Historic Places

WHEN:	Saturday, May 30, 2015
	Registration 8:00 a.m.
	5K Start 9:00 a.m.
WHERE:	Walpole Heritage Museum lawn
	32 Main Street, Walpole, NH 03608

Registration includes Race Bibs and Fun Giveaways! To register, go online to www.WalpoleHistory.com or fill out the form below and mail payment to Past Dash 5K, PO Box 292, Walpole, NH 03608. \$15 for adults and \$5 for ages 12-18. Kids under 12 free! Please make your check payable to the Walpole Historical Society.

5K PAST DASH - Registration Form (1 participant per form) (or go online to www.WalpoleHistory.com)

Name:	
Address:	
Phone:	
E-mail:	
Age on day of race:	
Gender: F	M
Signature (parent/guardian if under 18)	Date

Waiver: Participants must sign a waiver at registration prior to the race.

Payment enclosed of \$15 for adults and \$5 for ages 12-18. Kids under 12 free! I would like to make a donation to the Walpole Historical Society of \$_____.

PARTICIPANT - GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I. RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT; PARTICIPANT (AND PARENT(S)/LEGAL GUARDIAN(S), IF APPLICABLE) MUST READ CAREFULLY BEFORE SIGNING.

In consideration for being permitted to engage in the following activities:

WALPOLE HISTORICAL SOCIETY PAST DASH 5K, Saturday, May 30 2015

I hereby acknowledge, represent, and agree as follows:

A. I understand that the above-described activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the following circumstances, among others:

(Participant [and parent/legal guardian, if applicable] initials here) _____

B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any related third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the WALPOLE HISTORICAL SOCIETY, its officers, its employees, or by any other cause.

(Participant [and parent/legal guardian, if applicable] initials here) _____

C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby exempt, release, and discharge the WALPOLE HISTORICAL SOCIETY, its officers, and its employees, from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the WALPOLE HISTORICAL SOCIETY, its officers, its employees, or by any other cause.

(Participant [and parent/legal guardian, if applicable] initials here) _____

D. I further agree to defend, indemnify and hold harmless the WALPOLE HISTORICAL SOCIETY, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the WALPOLE HISTORICAL SOCIETY, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the WALPOLE HISTORICAL SOCIETY, its officers, its employees, or by any other cause.

(Participant [and parent/legal guardian, if applicable] initials here) _____

PARTICIPANT - GENERAL RELEASE AND INDEMNIFICATION AGREEMENT (continued)

E . By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby acknowledge and agree that said Agreement extends to all acts, omissions, negligence, or other fault of the WALPOLE HISTORICAL SOCIETY, its officers, and/or its employees, and that said Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of New Hampshire. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Participant [and parent/legal guardian, if applicable] initials here) _____

F. I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of New Hampshire and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of New Hampshire.

(Participant [and parent/legal guardian, if applicable] initials here) _____

This RELEASE AND INDEMNIFICATION AGREEMENT shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns and transferees.

(Participant [and parent/legal guardian, if applicable] initials here) _____

II. PARTICIPANT SIGNATURE AND DATE:

Participant_____ **Date**_____

III. PARENT/LEGAL GUARDIAN SIGNATURES: *(Each parent/legal guardian must complete the following if the Participant is less than 18 years of age.)*

A. I am/we are the parent(s)/legal guardian(s) of the Participant and by my/our signature, agree to be bound by and responsible for all of the provisions of this RELEASE AND INDEMNIFICATION AGREEMENT, on behalf of ourselves, the Participant, and the successors, representatives, heirs, executors, assigns, and transferees of ourselves and the Participant.

B. I/we consent to the Participant's execution of this RELEASE AND INDEMNIFICATION AGREEMENT and participation in the activities described in Part I.

Printed Names and Signatures of Parents/Legal Guardians (if applicable):

Name:_____

Name:_____

Signature:_____

Signature:_____

Date:_____

Date:_____