



## Medical Heroes Appreciation 5K Waiver Form

For more information, visit [www.ciscrp.org/medhero5K-DC](http://www.ciscrp.org/medhero5K-DC)

By clicking on "I Agree" on the registration form, you agree, warrant and covenant as follows:

I am over the age of 18 or have obtained my parent or guardian's consent as I hereby certify the following: (1) I am physically able to participate in the Medical Heroes Appreciation 5K and/or have received medical clearance to participate. I acknowledge that my participation in this event is a potentially hazardous activity. The risks include, but are not limited to, those caused by terrain, trail conditions, facilities, temperature, weather, condition of athletes, and actions of other people including, but not limited to, participants, volunteers, spectators, team officials, monitors and producers. (2) In consideration of my application to participate in the Medical Heroes Appreciation 5K being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge CISCRP, the DIA, The District of Columbia, the sponsors, event officials, volunteers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation. (3) I hereby grant CISCRP and the DIA specific permission to freely reproduce, publish, circulate, copyright or otherwise use any and all photographs or video of me and/or my family, taken at the Medical Heroes Appreciation 5K, without payment or any other consideration. (4) I acknowledge that all registration fees and donations are non-refundable and non-transferable. (5) I know that my participation is voluntary and that I am free to stop at any time.