



COLORS OF COURAGE 5K & COLOR RUN — FRIDAY, APRIL 7, 2017

Race Start Time: 6 p.m.

Location: Rapides Cancer Center, 605 Medical Center Drive, Alexandria, LA

Awards: Medals for 1st, 2nd and 3rd overall male and female

Participants who register by March 29 are guaranteed an event T-shirt.

Registration: \$30 (In the even of cancellation due to inclement weather, there will be no refunds.)

Online registration: www.imathlete.com (additional credit card fee applied; online registration ends April 5 at noon)

Children 8 and under may participate for free with parent’s registration. However, they will not receive a race bib and event T-shirt unless they pay the registration fee.

Please make sure to pick up your race packet (race number/bib and shirt) from **Noon-5:30 p.m. on Friday, April 7** at the Rapides Cancer Center, located at 605 Medical Center Drive in Alexandria, La.

All proceeds benefit the American Cancer Society.

Please make your checks payable to: **Rapides Regional Medical Center Auxiliary Cancer Fund.**

Please mail your completed entry form, waiver and payment to: The Rapides Cancer Center
605A Medical Center Drive
Alexandria, LA 71301

Name: _____ **Phone:** _____

Address: _____ **Date of birth:** _____

City: _____ **Male:** _____ **Female:** _____

State: _____ **Zip:** _____ **Email:** _____

T-shirt size (circle one) **Adult** S M L XL XXL **Youth** S M L

Participant waiver and release on next page. Please be sure to read and sign below.

Signature _____ **Date:** _____

Signature of parent or guardian if under 18 _____ **Date:** _____

HCA Waiver

ALL PARTICIPANTS IN MARATHONS, ½ MARATHONS (“EVENT”), AND OTHER EVENTS SPONSORED BY HCA MANAGEMENT SERVICES, LLP (HCA) ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY AGREEING TO THIS GENERAL RELEASE AGREEMENT:

The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue HCA, its parent and affiliated corporations and charities, the host city, county and state, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or co-sponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns, (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event.

Athlete represents and warrants that he/she is in good physical condition and is able to safely prepare for and participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event.

Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while preparing for or participating in the Event. Athlete acknowledges that such participation is on his/her free time and outside the course and scope of any employment relationship, and that he/she is responsible for all preparation and training, and that his/her employer is not providing such training.

It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event.

If registering as the spouse, son or daughter of an HCA affiliated employee, Athlete certifies that his/her spouse/father/mother/guardian has given his/her permission to the Athlete to participate in the Event. Athlete's spouse/parent/guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by accepting this waiver intentionally and voluntarily agrees to its terms and conditions. Spouse/Guardian/Parent further certifies that his/her spouse/son/daughter/ward is in good physical condition and is able to safely participate in

the Event. I hereby authorize medical treatment for him/her and grant access to my spouse's/son's/daughter's medical records as necessary and as stated above.

ATHLETE, PARENT OR GUARDIAN HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY ACCEPTS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

I agree to the above waiver.

Signature