



West Virginia  
Breast Health Initiative

Registration for *Race for the Ribbon* May 4, 2024 at the West Virginia State Capitol  
You can also register online at **WVBHI.ORG**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ TEAM NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_ GENDER (SELECT ONE)  M  F

BIRTHDATE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

BREAST CANCER SURVIVOR? (SELECT ONE)  YES  NO

T-SHIRT SIZE ADULT S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2X \_\_\_ 3X \_\_\_ 4X \_\_\_ YS \_\_\_ YM \_\_\_ (\*Free Tee For First 800 Entrants)

ADULT REGISTRATION \_\_\_\_\_ \$25.00 \$ \_\_\_\_\_

SURVIVOR REGISTRATION \_\_\_\_\_ \$20.00 \$ \_\_\_\_\_

KIDS (AGES 3-17) REGISTRATION \_\_\_\_\_ \$20.00 \$ \_\_\_\_\_

TIMING CHIP \_\_\_\_\_ \$5.00 \$ \_\_\_\_\_

MAILING FEE (DEADLINE APRIL 21) \_\_\_\_\_ \$7.00 \$ \_\_\_\_\_

ADDITIONAL DONATION \$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

**PAYMENT INFO**

Make checks payable to WVBHI and mail to P.O. Box 6623, Charleston, WV 25362

\_\_\_\_\_ CHECK \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

NAME ON CARD \_\_\_\_\_ BILLING ZIP \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARD HOLDER ESIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*You must sign the waiver on the next page**

**WVBHI CONTACT INFORMATION**

304.556.4808 • P.O. Box 6623, Charleston, WV 25362 • ed@wvbhi.org

## PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS

I AGREE THAT ANY AND ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS, CONSENTS AND PERMISSIONS GIVEN BY ME HEREUNDER ARE GIVEN ON BEHALF OF ME AND ANY AND ALL OF MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP PARTICIPATING IN OR ATTENDING THE EVENT.

I give my consent and permission to West Virginia Breast Health Initiative, Inc., their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event (the "Event"); and (ii) the results of my participation in this Event (e.g., race time, name, participant number). I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event; I may be removed from this competition if I do not follow all the rules of this Event; And I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property. I know that this Event is a potentially hazardous activity and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury or accident that may occur during my participation in this Event (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTIVITIES associated with the Event) or while ON THE EVENT PREMISES (COLLECTIVELY, "MY PARTICIPATION"). TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY, "RELEASERS"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (1) WEST VIRGINIA BREAST HEALTH INITIATIVE, INC. AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; (11) ANY EVENT SPONSORS; AND (111) ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, "THE RELEASEES") FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION WITH MY PARTICIPATION.

THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I OR MY RELEASERS MAY HAVE ARISING OUT OF MY PARTICIPATION, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY FALLS, CONTACT WITH AND/OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANIMALS, CONDITIONS OF THE EVENT PREMISES, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE AND LIABLE FOR ALL ASPECTS OF MY FUNDRAISING ACTIVITIES ASSOCIATED WITH MY PARTICIPATION, INCLUDING, BUT NOT LIMITED TO, THE SAFE AND LAWFUL CONDUCT OF ANY FUNDRAISING ACTIVITIES.

This Photographic and Results Release and Waiver of Claims (collectively, the "Release") shall be construed under the laws of the state in which the Event is held. In the event any provision of this Release is deemed unenforceable by law.

I understand that I have given up substantial rights by signing this Release and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be complete and unconditional release of liability to the greatest extent allowed by law.

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Participants Name

Parent or Guardian ESign if under 18

Date

Esign your Full Name

