

ENTRY FORM - "THE POLIO MILES" Virtual Marathon

(NO COST TO ENTER)

NAME _____

ADDRESS _____

CITY _____

PHONE NUMBER _____

ROTARY CLUB OF _____

PARTICIPATING EVENT **26.2** **13.1** **10K** (circle or distance / \$1.00/per mile)

FUNDRAISING EVENT TOTAL GOAL: \$5000.00 (ANYONE CAN PARTICIPATE)

RELEASE OF LIABILITY

I KNOW THAT PARTICIPATING IN SUCH AN EVENT IS ON A VOLUNTARY BASIS. WHICH IS A POTENTIALLY HAZARDOUS ACTIVITY. I REPRESENT THAT I AM MEDICALLY ABLE AND PROPERLY TRAINED TO PARTICIPATE IN THIS EVENT. I ASSUME ALL RISKS ASSOCIATED WITH THIS EVENT INCLUDING, BUT NOT LIMITED TO, HEAT EXHAUSTION, EFFECTS OF WEATHER, DANGEROUS TRAFFIC CONDITIONS, ETC., ALL RISK BEING KNOWN AND RECOGNIZED BY ME. I HEREBY AGREE, FOR MYSELF AND MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE, EXECUTORS, AND ADMINISTRATORS, TO WAIVE, RELEASE, AND FOREVER DISCHARGE THE ROTARY DISTRICT 6980 AND ITS RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEER AND ANY ALL PERSONNEL ASSISTING OR CONNECTED WITH THIS EVENT, ANY RIGHTS, CLAIMS OR DEMANDS THEREFORE WHICH I MAY HAVE OR WHICH I MAY HEREAFTER ACCRUE TO ME ARISING OUT OF INJURY TO MY PERSON OR MY PROPERTY INCURRED IN CONNECTION WITH PARTICIPATION IN "THE POLIO MILES" VIRTUAL MARATHON.

SIGNATURE _____ **DATE** _____

PARENT'S SIGNATURE (IF UNDER 18 YEARS OF AGE) _____ **DATE** _____



- **WOULD YOU LIKE A MARATHON HEADBAND**
- **HEADBANDS - FREE WHILE SUPPLIES LAST**
- **GET SPONSORS, FRIENDS & FAMILY**
- **GET YOUR ROTARY CLUB INVOLVED**
- **AWARD CEREMONY 10/24/20 (WORLD POLIO DAY)**

HEAD BAND MODEL: ALEX SACHAROFF

email form to: strataceo@yahoo.com