



T-shirt: S / M / L / X / XX

Event: (please circle one) 5K Run/Walk 1 Mile Walk

Email: _____

Name: _____

Age: _____ **Sex:** M / F

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Cost: \$25.00 for the 5K Run/Walk and 1 Mile Fun Walk

In consideration of being allowed to participate in the ("EVENT") and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned represents and agrees as follows:

I agree, for myself and for my personal representatives, heirs, and next of kin, to hereby release, and discharge from any and all liability and waive any claim which I might state against the, Premier Sports, and each of their subsidiaries, affiliates and respective officers, employees and representatives, as a result of any injury, including death, sustained by me or loss to my property while participating in this EVENT, whether caused by negligence, breach of warranty (express or implied) or otherwise and whether foreseen or unforeseen, while I am traveling to or from, or participating in the EVENT or resulting from my acceptance or use of any prizes awarded or alcohol consumed in connection therewith. I agree to indemnify and the above organizations and each of their subsidiaries, affiliates and their respective officers, employees and representatives harmless from any and all liability, expense, loss and damage, and to provide a defense or to reimburse any cost that these entities or any of their subsidiaries, affiliates or their respective officers, employees and representatives may incur.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF THIS SIGNIFICANCE.

Signature of Entrant (or parent/guardian if under 18 years of age or older)

Date

Please make checks payable to **BIAOH** and mail to:

Brain Injury Association of Ohio
Attention: Nicole Kirch
2010 Run & Walk for Thought Campaign
855 Grandview Avenue
Columbus, Ohio 43215-1123