

Hold Harmless Form
SIM 15th Annual 5K Fun Run/Walk
Tuesday, July 26, 2011
New Orleans, LA

Email to meetings@simhq.org or fax to 703-691-7991. Form must be completed in order to participate. Forms also available at meeting registration desk through the morning of the run.

WAIVER: I understand that the Fun Run/Walk (the "Event") is an athletic event that should only be engaged in by persons who are physically fit and in good health, as determined by a physician. I also understand that my participation entails some risks, including but not limited to injury or death, caused by my actions as well as the acts or omissions of fellow participants.

In consideration of your accepting this entry and allowing me to participate in this Event, I, the undersigned, intending to be legally bound hereby, for myself, my representatives, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Society for Industrial Microbiology ("SIM"), its officers, directors, employees, agents, successors, and assigns, and any and all sponsors, and their representatives, successors, and assigns, from death or any and all injuries or damages suffered by me in said Event. I attest and verify that I will participate in this Event as a run/walk entrant, that I am physically fit for this Event, and accept all risks associated with my participation. Further, I hereby grant full permission to SIM to use without compensation any photographs, videotapes, motion pictures, or any other recordings or other record of this Event containing my image for any purpose whatsoever.

I agree that the courts located in Fairfax County, Virginia, shall have exclusive jurisdiction over any legal matters relating in any way to my participation in the Event. This Agreement shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia.

If the participant is under 18 years of age, the undersigned represents and warrants that he/she is the participant's parent or legal guardian, and has the authority and knowledge to make the aforementioned representations and execute this Waiver on the participant's behalf.

Print name of Participant: _____ Date of Birth: _____

Signature of Participant: _____ Date: _____

Print name of Parent/Guardian (if Participant under 18 years of age):

Signature of Parent/Guardian:

_____ Date: _____