



**2018 San Francisco Half, Full Marathon
Commitment and Waiver Form
Charity Registration**

First Name

Middle Initial

Last Name

Mailing Address

Mailing Address 2 (Suite/Apt./Unit No.)

Full Marathon or Half Marathon Race

City

U.S. State of Residence

Zip/Postal Code

County

Date of Birth

Age (on 7/23/18)

Gender (M/F)

Personal Email (required)

Secondary Email (required)

Phone Number (required)

Secondary Number (required)

Tech Shirt Size (gender specific)

Additional Athlete Information

Of San Francisco Marathons

of Marathons

Returning RDS athlete?

Credit Card Information:

Credit Card Type (Visa, MasterCard, AMEX, Discover): _____

Credit Card Number: _____

Expiration Date: _____

Security Code (on back): _____

FUNDRAISING REQUIREMENTS

As a Team LuMind RDS runner, I pledge to raise a minimum of \$800 to support the children and families served by LuMind Research Down Syndrome (RDS). Funds must be collected by me on or before September 19, 2018. Individuals are NOT guaranteed entry into the 2018 San Francisco Marathon or Half Marathon by completing and submitting the commitment & waiver form. Upon submitting a completed commitment & waiver form, individuals will receive a unique code to register for the race. However, these codes are LIMITED and are available on a first-come first-served basis. When the amount of unique codes given to RDS is depleted, entry through this process may no longer be available. Any shortfalls in overall fundraising will be accounted for on Saturday, September 19th.



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2018 SAN FRANCISCO MARATHON PARTICIPANT WAIVER AND RELEASE

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT. I certify that I am physically fit, sufficiently prepared for participation in the event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this Event.

In consideration of permitting me to participate in this Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of LuMind RESEARCH DOWN SYNDROME, INC., a non-profit corporation, and its officers, directors, board members, employees and agents (collectively RDS), for my personal injury, death or disability, property damage, property theft, or actions of any kind which may hereafter occur to me while participating in this Event.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE LUMIND RDS from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of LuMind RDS, or one of its sponsor partners or otherwise. I acknowledge that LuMind RDS is not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting the Event on behalf of LuMind RDS.

(C) The Participant understands that, except as otherwise agreed to by LuMind RDS, in writing, LuMind RDS does not carry or maintain health, medical, or disability insurance for any Volunteer.

(D) I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this Event.

(E) I understand that I may be photographed during this Event and its related activities, and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by RDS, sponsors, organizers, and assigns.

This waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT FREELY.

Print Participant's Name

Age

Signature

Date