



Run To Remember Boston Race Application 2018

May 27, 2018

Step 1: Please fill in ALL information and write NEATLY.

Race Entering: Half Marathon 5 Mile Run Virtual Race

First Name _____ Last Name _____
Date of Birth _____ Age (on race day) _____ Gender: M F
E-mail Address _____
Phone _____
Address _____
City _____ State _____ Zip _____
T-Shirt Size: S M L XL XXL
Emergency contact on race day: _____
Name _____ Cell # _____
Are you an active First Responder? Yes No Department _____
If yes and running the Half Marathon – are you participating in the 1st Responder Challenge? Yes No
Running Club Affiliation: _____
Estimated Finish Time: _____
Wheel Chair Entrant: Yes No

Step 2: Review and sign waiver

By registering for and or participating in Run To Remember Boston, for myself and my heirs, do agree to the terms and conditions of the race waiver which is included as part of this application on the following page.

Signature (A guardian signature is required if entrant is under 18 years of age) _____ Date _____

Step 3:

Send payment and completed application to:
Run To Remember Boston
P.O. Box 664
North Berwick, ME 03906-0664

Checks are payable to:
Run To Remember

Forms need to be mailed by May 10, 2018.

Entry Fees (non refundable)

Half Marathon
\$110 (\$120 month of race)

5 Mile Run
\$55 (\$60 month of race)

Virtual Race
\$50

Save money, register online through the race website: www.BostonsRunToRemember.com

In order to compete, you must be in good health and physically prepared to take on the challenges of the event you register for. You must wear an official race number and must be able to complete the half marathon in 3 hours. Coaches, skateboards, skates, baby joggers, bikes, and animals are prohibited on the course. The Half Marathon is NOT Walker friendly and walkers are not permitted by order of the city.

WAIVER & LIABILITY RELEASE (required)

By registering for the Run To Remember Boston and/or signing the race registration (or, if submitted electronically, by clicking "I agree" to the above waiver which will constitute my valid signature), I acknowledge my understanding that my participation in the Run To Remember Boston and/or any pre- or post-race activities (the race and pre/post-race activities are individually and collectively referred to as the "Event") involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that I am physically fit and have sufficiently trained for the Event and that, if appropriate, my physical fitness to participate in the Event has been verified by a licensed medical doctor. I understand that proper hydration, and preparations are my responsibility. I expressly assume all known and unknown risks associated with the Event, including but not limited to: loss of or damage to my property; injury including death; accidents; the effects of weather; effects of insufficient hydration; terrain conditions that may vary widely, and that may include uneven and/or slippery surfaces, unpredictable spectators/participants, and natural and man-made obstacles (including without limitation, vehicles, security barriers, signs, cables, mats, and debris on the course); and the possibility that an Event may be postponed, ended early or cancelled altogether by Event or government officials.

In consideration of my participation in the Event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns (a) waive and release any and all rights, claims and causes of action I have or may have against any Race Organizer (as defined below) that may arise as a result of my participation in the Event; and (b) agree to indemnify, defend, and hold harmless all Race Organizers from and against any and all injuries, losses, causes of action, liabilities, damages, expenses (including attorney's fees and court costs) or claims (collectively, "Claims") that might arise directly or indirectly from my participation in the Event and/or the condition of the course, property, facilities or equipment used for the Event, regardless of when such Claim may arise including, without limitation, Claims relating to (i) theft, loss or disappearance of property, (ii) bodily injury (including fatality), and (iii) property damage, for all claims and losses (including attorney's fees and court costs), which may be brought against any one or more of them by anyone claiming to have been injured or otherwise to have suffered loss or damage as a result of my participation in the Event. For these purposes, a "Race Organizer" is any one or more of the following: Run To Remember Boston, Run To Remember 1st Responders, Boston Police Runners Club, Boston Police Department, Cities of Boston and/or Cambridge, State agencies, Race directors, staff, sponsors, contractors, and each of their respective subsidiaries, affiliates and lenders; the Seaport World Trade Center, Fidelity and any of its affiliates; City of Boston Police Department; Cambridge Police Department; The City of Boston and any of its departments; All State Agencies associated with the race; all governmental agencies representing the territory in which the Event will be held and from which resources (such as, without limitation, fire, police and ambulance personnel) are provided; all sponsors, agents, vendors, medical personnel and contractors and volunteers of or for the Event; USATF officials; emergency (for example, fire and police) and all medical service providers; and the officers, directors, employees, representatives, affiliates, volunteers, agents, successors and assigns of each of the foregoing.

I further grant full permission to any and all Race Organizers to store, use, reproduce and/or resell my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes. I understand and agree that information about me that is collected by the Race Organizers, including without limitation information in the application this form, and my Event results, and any and all medical information that I may disclose to Event medical personnel, may be disclosed to third parties for any legitimate purpose, including research, commercial sales, and marketing purposes, and that it may be subject to re-disclosure by the recipient(s). I also grant the Event medical personnel and their respective agents and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge and agree to abide by any Official Rules for the Event that may be posted at the Event or on the Event's website or otherwise communicated to me verbally or in writing at the Event by Event officials. I hereby represent and warrant that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of the child under the age of 18 years old who I am registering for the Event and that I have the full power and authority to agree to these terms on behalf of such child, and to bind him/her to these terms.