GRH Speed Camp Boys and Girls Ages 9-13

Please deliver completed form to: GRH **Rehab Therapy** 900 Sunset Drive La Grande, OR

	Name (please print) Street or P.O. Box		
Participant Consent, Release & Indemnification Agreement Each undersigned participant agrees as follows:			
(print name) wish to participate in the 1st annual speed camp offered by Grande Ronde Hos - 5,10,17, and 24 2017.	City	State	Zip
e that participation in the Classes and/or Run may be physically demanding, and may result in injury. In consideration of being participate in the Classes and/or the Run, I, individually and for my insurers, medical providers, heirs, successors, assigns and anyone im on my behalf, (collectively referred herein as "Participant"), hereby assume all risks associated with traveling to and from and	Phone		
n the Classes and/or Run including, but not limited to, injuries from falls, contact with other participants and physical facilities, contact ehicles, twisting or spraining of ankles, knees or other joints, effects of the weather, and the condition of the running/walking surface.	E-mail —	Method of	Payment
e risks, I agree to hold harmless Grande Ronde Hospital, Inc., its affiliates, directors, officers, employees, agents, successors and assigns rty" or "Released Parties"), from and against any and all claims, damages, injuries, and liabilities of any kind arising out of or in any the Classes and/or Run, including, without limitation, damages or injuries caused by the negligence of any Released Party.	 Cash Check payable to: Grande Ronde Hospital Foundat Visa 		ital Foundation
the event that I, or anyone acting on my behalf, make a demand, claim or file suit related in any way to the Classes and/or Run, emnify, hold harmless and defend the Released Parties from any and all costs, fees, losses, demands, claims, arising there- from. This	□ MasterCard	Ē	kp. date
n shall include, without limit, all court costs, attorney fees, and investigation costs all of which are payable by me on the date in- essly agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted by law, that any	Credit Card #	3-dig	it CVV
build be made for the benefit of the Released Party. I grant full permission to Grande Ronde Hospital to unlimited use of any deo tapes, motion pictures, recording or other records of the Run that contain my image. Proceeds of this event will benefit the Benefit to entrant exceeds the ness Program of the GRH Rehab Therapy Department.			

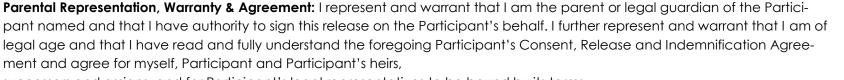
pital March 3,10,17, and 24 2017. I acknowledge that participation in the Classes and/or Run may be physically demanding, and may result in permitted to participate in the Classes and/or the Run, I, individually and for my insurers, medical providers, who might claim on my behalf, (collectively referred herein as "Participant"), hereby assume all risks associa participating in the Classes and/or Run including, but not limited to, injuries from falls, contact with other par with moving vehicles, twisting or spraining of ankles, knees or other joints, effects of the weather, and the co

Knowing these risks, I agree to hold harmless Grande Ronde Hospital, Inc., its affiliates, directors, officers, em ("Released Party" or "Released Parties"), from and against any and all claims, damages, injuries, and liabilitie way related to the Classes and/or Run, including, without limitation, damages or injuries caused by the negli In addition, in the event that I, or anyone acting on my behalf, make a demand, claim or file suit related in c I agree to indemnify, hold harmless and defend the Released Parties from any and all costs, fees, losses, der indemnification shall include, without limit, all court costs, attorney fees, and investigation costs all of which a curred. I expressly garee that this release and indemnification agreement is intended to be as broad and in interpretation should be made for the benefit of the Released Party. I grant full permission to Grande Ronde photography, video tapes, motion pictures, recording or other records of the Run that contain my image. F Community Wellness Program of the GRH Rehab Therapy Department.

Participant's Representation, Warranty & Agreement: I warrant that I am of legal age (If not, parent or guardian must sign) and that I have read and fully understand the foregoing terms of this Participant Consent, Release and Indemnification Agreement.

Signature

Date



successors and c	assigns, and for Po	articipant's legal re	presentatives to be	bound by its terms
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