

GRH Speed Camp

Boys and Girls Ages 9-13

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

Participant Consent, Release & Indemnification Agreement | Each undersigned participant agrees as follows:

I, _____ (print name) wish to participate in the 1st annual speed camp offered by **Grande Ronde Hospital 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 injury. In consideration of being permitted to participate in the Classes and/or the Run, I, individually and for my insurers, medical providers, heirs, successors, assigns and anyone who might claim on my behalf, (collectively referred herein as "Participant"), hereby assume all risks associated with traveling to and from and participating in the Classes and/or Run including, but not limited to, injuries from falls, contact with other participants and physical facilities, contact with moving vehicles, twisting or spraining of ankles, knees or other joints, effects of the weather, and the condition of the running/walking surface.

Knowing these risks, I agree to hold harmless Grande Ronde Hospital, Inc., its affiliates, directors, officers, employees, agents, successors and assigns ("Released Party" or "Released Parties"), from and against any and all claims, damages, injuries, and liabilities of any kind arising out of or in any way related to the Classes and/or Run, including, without limitation, damages or injuries caused by the negligence of any Released Party. In addition, in 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, I agree to indemnify, hold harmless and defend the Released Parties from any and all costs, fees, losses, demands, claims, arising there- from. This indemnification shall include, without limit, all court costs, attorney fees, and investigation costs all of which are payable by me on the date incurred. I expressly agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted by law, that any interpretation should be made for the benefit of the Released Party. I grant full permission to Grande Ronde Hospital to unlimited use of any photography, video tapes, motion pictures, recording or other records of the Run that contain my image. Proceeds of this event will benefit the 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

Parental Representation, Warranty & Agreement: I represent and warrant that I am the parent or legal guardian of the Participant named and that I have authority to sign this release on the Participant's behalf. I further represent and warrant that I am of legal age and that I have read and fully understand the foregoing Participant's Consent, Release and Indemnification Agreement and agree for myself, Participant and Participant's heirs, successors and assigns, and for Participant's legal representatives to be bound by its terms.

Signature

Date

Name (please print)

Street or P.O. Box

City

State

Zip

Phone

E-mail

Method of Payment

- Cash
 Check payable to: *Grande Ronde Hospital Foundation*
 Visa
 MasterCard

Exp. date

Credit Card #

3-digit CVV

Signature

Benefit to entrant exceeds the registration fee and is not an allowable IRS charitable contribution.



For more information call **541-963-1437.**