

# STARFISH DASH

## Registration Form /Registro

Participation Type/ Tipo de Participante

- ☐ Runner/ Walker age 15+ / Participante mayor de 15 años
- ☐ Runner/ Walker age 14 and under /Participante menor de 14 años

How will you be participating/Como vas a participar?

- ☐ Runner/Corredor ☐ Walker/Caminante ☐ Volunteer/Voluntario

Name / Nombre \_\_\_\_\_ Date of Birth/Fecha de Nacimiento \_\_\_\_\_

Address/Direccion de Domicilio \_\_\_\_\_

City/ Ciudad \_\_\_\_\_ State /Estado \_\_\_\_\_ ZIP/Código Postal \_\_\_\_\_

Phone/ Teléfono \_\_\_\_\_ Sex/Género M\_\_ F\_\_

E-mail/ Correo Electronico \_\_\_\_\_

Are you a member of the Chromosome 18 Registry & Research Society? Y\_\_ N\_\_ If not, would you like more info? Y\_\_ N\_\_

How did you hear about the StarFish Dash/Cómo se enteró del evento? \_\_\_\_\_

Name of Emergency Contact/Nombre del contacto de emergencia \_\_\_\_\_

Relationship to contact/Relación con el contacto \_\_\_\_\_

Emergency Contact phone/Teléfono de contacto de emergencia \_\_\_\_\_

\*I agree to all the terms and conditions as detailed on the event as outlined in the STARFISH DASH Website (see below)

\*Acepto los terminos y condiciones del evento STARFISH DASH como detallados en el sitio web. (vea abajo)

\*Any participant under the age of 14 requires a parent signature/\* Participantes menores de 14 años requieren firma de los padres.

Please take a moment to read the following waiver. I wish to participate in the Chromosome 18 Starfish Dash – Run / Walk ("Event"). I understand the acceptance of the waiver is required to participate in the Event. I further understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this Event. I agree to abide by any decision of an event official relative to my ability to complete this event safely and I further agree that event officials or volunteers may authorize necessary emergency treatment for me. If I am injured as a participant in the Event, I agree to assume all risks and to release and hold harmless The Chromosome 18 Registry and Research Society, and its officers and representatives. I agree to allow The Chromosome 18 Registry and Research Society, and their contractors, agencies and sponsors, the use of my name and likeness in connection with this event, for any purpose related to advertising or promotion of the event worldwide in perpetuity in all forms of media, social media, event promotion, through our website and any print materials. I, the user of this site, agree that all content I post to this site does not represent or reflect the views of this organization. I, the user of this site, agree that I have full copyright permission to use any images and/or videos on this site and any claims of copyright violation will be directed toward me, the user of this site, and not the organization. I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and that I accept of my own free will. If the participant is under 18 years of age at the time of registration, the participant's parent or legal guardian must completely review this Waiver and Release. The parent or legal guardian understands and consents to its terms, and authorizes the participation of the registrant by his/her acceptance below. I agree with the terms and conditions above.

Signature / Firma \_\_\_\_\_ Date \_\_\_\_\_

### Donation information

Cash Amount \$ \_\_\_\_\_ Will pay by credit card: \_\_\_\_\_

The check is enclosed: \_\_\_\_\_ Make checks payable to Chromosome 18 Registry & Research Society