

HEART MINI MARATHON & WALK

MARCH 19, 2023

REGISTER AT HEARTMINI.ORG



American Heart Association®

Heart Mini-Marathon & Walk™

Presenting Sponsor

AtriCure

American Heart Association
5211 Madison Road
Cincinnati, OH 45227

IMPORTANT DATES

March 19

Heart Mini-Marathon & Walk
Presented by AtriCure

#HeartMini

CONTACT INFORMATION

ALL INFO REQUIRED

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

Employer: _____

Individual

Team

Team Name: _____

Team Leader: _____

EMERGENCY CONTACT

ALL INFO REQUIRED

Name: _____

Phone: _____

ADDITIONAL DONATION

(not required)

I have enclosed \$_____ as a direct
donation to the American Heart
Association.

Mail this completed form along
with the minimum pledge for the
event in which you are participating.

You can also register at
HEARTMINI.ORG

EVENT

ALL INFO REQUIRED

St. Elizabeth Healthcare
Heart 1/2 Marathon (\$65)

Koncert
15K Heart Mini-Marathon (\$50)

UC Health
1K Steps for Stroke (\$40)

altafiber
5K Heart Race (\$45)

FIS
2K Kids Race (\$25)

Mercy Health
5K Heart Walk

Adult (\$40)

Child (\$25)
12 and under

CATEGORY

ALL INFO REQUIRED

Age _____

(as of March 19, 2023)

Male

Female

Red Cap

Heart or Stroke Survivor (e.g.
heart attack, open heart
surgery or angioplasty, etc.)

SHIRT SIZE

Youth

YS

YM

YL

Adults

S

M

L

XL

XXL

XXXL

All participants whose forms are received by
February 20th will receive their race items by event
weekend. Any received after February 20th will still
receive their race items but it will be after March
19th. Price increase: if not postmarked by February
20th, please include an additional \$5 per entry
(does not apply to children's events).

Heart Mini Release with Publicity Consent HEART MINI (the "Event") includes risks such as increased physical exertion, increased heart rate, muscle pain and strain, increased body temperature, falls, contact with other participants, pulled or torn muscles, and other conditions. I am aware of the highly contagious nature of bacterial and viral diseases including the 2019 novel coronavirus disease (COVID-19), influenza and other infectious diseases (collectively, the "Disease") and the risk that I may be exposed to or contract the Disease by engaging in the event, which may result in serious illness, personal injury, disability, or death. I acknowledge that these risks may result from or be compounded by the actions, omissions, or negligence of individuals I am around or with whom I have contact. In consideration of being allowed to participate in this Event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Event and any related activities and services offered at the Event in which I voluntarily participate.

I understand and agree that: it is my responsibility to dress appropriately. I am physically fit and able to participate in this Event and the related activities and services, and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions that would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees (collectively "AHA"), from any and all liability, claims, demands and causes of action whatsoever, arising directly or indirectly out of my participation in this Event and related activities and services — whether it results from the negligence of any of the above or from any other cause. IF THIS A TIMED EVENT, UNLESS I TELL AHA OTHERWISE, I UNDERSTAND THAT MY PERSONAL INFORMATION AND MY TIMED RESULTS MAY APPEAR IN CERTAIN PUBLIC PLATFORMS, INCLUDING ONLINE PLATFORMS. I authorize the use, copyright, or publication of my name, image, or voice from participating in the Event and related activities, as may be captured by photograph or recording in any medium for promotional purposes related to AHA's mission and this Event, including illustration, promotion, or advertisement. As a condition of participation, I grant AHA a perpetual, irrevocable, worldwide, transferable, royalty-free, and non-exclusive license to use, reproduce, adapt, modify, publish, distribute, publicly perform, and create a derivative work from, as previously mentioned above, including display on the AHA website, without any attribution or compensation, with the goal to promote and support the AHA mission. Examples of promotion and mission related activities include, but are not limited to social media, media relations, consumer relations, donor relations, and storytelling. I agree that AHA may use and share personal information about me that I give AHA and that AHA collects through its websites, apps, social media sites, devices, as well as the information about me that AHA combines with that collected by others.

AHA uses and shares my personal information to fulfill AHA's mission to be a relentless force for a world of longer healthier lives, to notify me of donor opportunities and offer me products and services, to provide me with products or services that I request, and to improve AHA's programs and websites. I can learn more about how AHA uses, shares, and protects my personal information by reading the AHA Privacy Policy at www.heart.org/Privacy. If I am registering a child under the age of 18 or an incapacitated adult I represent and warrant that I am the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this Event registration. By registering a child under 13, I agree and consent to the collection of that child's information which I provide for the purposes of registration. This agreement is meant to be as broad and inclusive as permitted by the State in which the Event is conducted. If any portion of it is invalid, the balance will continue in full force and effect.

BY SIGNING, I ADMIT THAT I HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS CONSENT AND RELEASE AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE AHA.

PRINT PARENT NAME

PRINT PARTICIPANT NAME

(If participant is under 18 years of age.)

Donations are non-refundable.

SIGNATURE

X _____

(Parent signature required if participant
is under 18 years of age.)

QUESTIONS? call 513-699.4237
or email Briana.olney@heart.org