



**LAWYERS
HAVE HEART**

10K | 5K | FUN WALK

Lawyers Have Heart 10K, 5K & Fun Walk

May 20, 2023

Fill out this form and pay by *check*, *cash* or *online*
4601 North Fairfax Drive, Ste. 700 Arlington, VA 22203

Register online @ [Lawyers Have Heart](https://www.lawyershaveheart.org)

Registration Event Waiver

Event Category: ☐ 10K Race ☐ 5K Run ☐ 5K Fun Walk (untimed)

Are you a Survivor of Heart Disease or Stroke (Circle One)? Yes No

Contact Information (Please Print): Participant Name: _____ Email: _____

Address: _____ Address Line 2: _____

City: _____ State: _____ Zip/Postal Code: _____ Phone Number: _____ Age on Race Day: _____

Shirt Size (for internal use): _____ In which LHH Race Category will you compete? (used for official race results): M F

Would you like to defer your race medal and/or t-shirt to save costs for the AHA? ☐ Medal ☐ Race Shirt ☐ Both ☐ None

Firm/Company: _____

Team Name: _____ Are you the Team Captain (Circle One)? Yes No

Emergency Contact Name: _____ Phone Number: _____

Registration Types/Fees:

- ☐ Standard Registration with Race Shirt \$95
- ☐ Standard Registration without Race Shirt \$65
- ☐ Virtual Registration with Race Shirt \$65
- ☐ Virtual Registration without Race Shirt FREE

Payment Type:

☐ Complete payments by cash, [online](https://www.lawyershaveheart.org) or by texting "RUNLHH" to 41444.

LIABILITY WAIVER MUST BE SIGNED BEFORE MAILING OR FAXING:

LAWYERS HAVE HEART 10K RACE, 5K RUN & WALK (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. The AHA encourages you and everyone you love, care for, or care about to be vaccinated. 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. 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. FOR ANY PARTICIPANT UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST AGREE TO THE BELOW: I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing consent, and I hereby agree to its terms on behalf of myself and Participant.



Signature: _____ (parent or guardian if under 18) Date: _____