National Brain Tumor Society

Brain Tumor Walk

Volunteer Registration

Event: _____

Complete one form for each adult registering. Please print clearly. Mail or fax completed form to:

National Brain Tumor Society
55 Chapel Street, Suite 200
Newton, MA 02458

617.924.9998 (fax)

VOLUNTEER INFORMATION

Name: _____ DOB: ____ /____ /____ Gender: F / M

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____
(Never sold or exchanged)

My connection to brain tumors: (Circle one)

brain tumor patient/survivor caregiver family member

friend brain tumor health professional brain tumor researcher

My team captain is *(if applicable)*: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

Relationship: _____

ADDITIONAL VOLUNTEERS (under 18)

In addition to myself, I am registering the following children under the age of 18 years. In registering these children, I apply all terms of the WAIVER AND AGREEMENT TO RELEASE, INDEMNIFY, AND HOLD HARMLESS and the PRIVACY POLICY on my registration form to these children:

Name: _____ DOB: _____ /_____ /_____

Name: _____ DOB: _____ /_____ /_____

Name: _____ DOB: _____ /_____ /_____

Name: _____ DOB: _____ /_____ /_____

WAIVER AND AGREEMENT TO RELEASE, INDEMNIFY, AND HOLD HARMLESS

In order to complete and confirm my registration to participate in the Brain Tumor Walk (herein, the "Brain Tumor Walk" or the "event") presented by National Brain Tumor Society Inc. ("NBTS"), I hereby affirm, acknowledge, and agree to the following on behalf of myself and any minor for whom I am acting:

1. I am an adult age 18 years or older registering myself as a participant of the Brain Tumor Walk; or I am the parent/legal guardian acting on behalf of and registering a minor age 17 years or younger who wishes to participate in this event and that I have the legal authority to act and consent on his/her behalf.
2. I assume all responsibility for any and all damages to or the theft of personal property, or any bodily injury (including death) that may occur to me (or the minor) and further I assume responsibility for property damage and bodily injury (including death) that I (or the minor) may cause to others, in each case arising or resulting from, incident from, incident to, or as a consequence of, participation in the Brain Tumor Walk presented by NBTS.
3. I, for myself (and the minor) and my (and the minor's) heirs, executors, and administrators, release, indemnify, hold harmless from, and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of participation in the Brain Tumor Walk, which I (or the minor or either of our heirs, executors, or administrators) may now or hereafter have against NBTS, the cities and towns along the route, and/or the event's sponsors, vendors, and volunteers, including but not limited to NBTS, its affiliates, predecessors, successors and assigns, event venues, and the respective trustees, directors, managers, members, shareholders, employees, representatives and agents of any and all of the foregoing. WITHOUT LIMITING THE FOREGOING IN ANY WAY, I INTEND THIS TO BE A GENERAL WAIVER OF ANY AND ALL CLAIMS WHICH ARE IN ANY WAY RELATED TO PARTICIPATION IN THIS EVENT.
4. I understand that participating in this event is a hazardous activity and I attest and certify that I am physically capable and properly trained to participate in this event. I also attest and certify that any minor on whose behalf I am acting is physically capable, properly trained, and mature enough to participate in this event. I understand that NBTS will not provide supervision of or otherwise monitor minors participating in this event.
5. I acknowledge that I (and the minor) have reviewed and fully understand and agree to abide by all of the rules, guidelines, and requests that are listed under the EVENT INFO tab of the event website, or have requested and reviewed a paper copy of said rules and agree to (and will ensure that the minor will) follow all guidelines, requests, and rules as laid out in said document.
6. I grant full permission to NBTS to use my (and the minor's) name, voice, and/or likeness in any medium, including broadcasts, telecasts, advertising promotions, in-house publications, photographs, videos or other accounts of this event.
7. I understand that all donations processed are nonrefundable and nontransferable even if I (or the minor) don't participate in the event or the event is cancelled.
8. I attest that I have had sufficient opportunity to read this entire document and that I have read and understood it.

PRIVACY POLICY

National Brain Tumor Society values the trust you place in us. We will not sell, trade, or share the personal information you provide to us though our website(s) or by participating in this event with anyone else, nor will we send donor mailings on behalf of another organization without your written permission to do so. To read our complete privacy policy, **visit www.braintumor.org/privacy**.

Please sign below to acknowledge the Waiver and Agreement to Release, Indemnify, and Hold Harmless, as well as the Privacy Policy.

_____

Participant Signature or Parent/Guardian Signature (if Participant is under 18) *Date*