**Participant Information**

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identified on your birth certificate as: Male\_\_\_\_ Female\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT MEDICAL TREATMENT RELEASE**

If medical treatment is warranted at the discretion of Base2Summit staff, or if surgical care is recommended by a physician during the Base2Summit program, then I give permission to authorize treatments for the participant identified on this form. (All efforts to notify the contact person will be made first)

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s signature (Parent or guardian if under 18 years of age)

**In case of an emergency, please list a contact person(s) and phone number(s)**

Primary Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary phone: (if available)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT RELEASE AGREEMENT**

While at Base2Summit, participants could be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. All activities require complete attention and responsibility of the participant, either individually or as a group. Many of these activities include inherent risks. By signing below, you expressly understand and agree to assume all risks. All dangers may not be apparent. I agree to exercise special care at all times and assume full responsibility for any bodily injury, death or property damage arising out of or in connection with my participation at Base2Summit. Participant fully and forever releases, acquits, covenants not to sue and discharges CHSCF Base2Summit, The Cassie Hines Shoes Cancer Foundation, Inc., any owners or operators of the premises and their affiliates, shareholders, members, directors, officers, employees, agents, contractors, insurers, successors and assigns and any volunteers, sponsors or advertisers ("Releasees") from any and all claims, actions, liability, damage, cost or expense (including court costs and reasonable attorney fees) of whatever nature and by whomever asserted with respect to any and all injury, disability, death, loss or damages to person or property, whether caused by the negligence of Releasees or otherwise, arising out of, connected with, or in any way associated with Base2Summit. In addition, participant will indemnify Releasees and hold each of them harmless from any and all claims, actions, liability, damage, costs or expense including court costs and reasonable attorney fees), whatever nature and by whomever asserted arising out of or resulting from in any way connected with participant's acts or omissions in connection with Base2Summit.

Merger. The Undersigned acknowledges that this Waiver of Liability constitutes the entire agreement between the parties with regard to the subject matter hereof and may only be modified in a writing signed by the Undersigned, and a representative of the Cassie Hines Shoes Cancer Foundation.

Severability. Each term and provision of this Waiver of Liability will be valid and enforced to the extent permitted by law. If any term or provision of this Waiver of Liability or the application of it to any person, entity or circumstance is to any extent held invalid or unenforceable, the remainder of this Waiver of Liability or the application of any term or provision to person or circumstances other than those as to which it is invalid or unenforceable will not be affected thereby.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s signature

**PHOTO/MEDIA RELEASE**

I grant permission to Base2Summit and/or The Cassie Hines Shoes Cancer Foundation, Inc. and persons acting for or through them, the rights to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual on this form at Base2Summit for use in promotional materials they may create.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s signature