

**Brain Injury Relearning Services**  
856 Allowance Avenue SE Medicine Hat, AB T1A 7S6  
Phone: 403-528-2661 Fax: 403-528-2647  
19<sup>th</sup> Annual 1/2 Marathon, 10K Run, and 5K Run/Walk  
September 10, 2011

**Registration & Waiver**

Name: \_\_\_\_\_

**Please Print All Information Thanks!**

Gender: \_\_\_\_ Male \_\_\_\_ Female

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age on Race Day: \_\_\_\_\_

Distance: \_\_\_\_ 5Km \_\_\_\_ 10Km \_\_\_\_ 1/2 Marathon

Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

I the undersigned, for myself and my heirs, personal representative assigns and executors, do hereby release and forever discharge Brain Injury Relearning Services, it's members, and all sponsors of said event for any and all claims, demands, costs, expenses, loss of service actions arising from any and all personal injury, disability, and property damage or loss of any kind that I may sustain training for or participating in this event. I fully understand the nature of the activities I am participating in and acknowledge the hazards of said activities and voluntarily assume the risk of injuries to my person or property of others. If an injury should occur to me, I authorize proper treatment. If the participant is under the age of 18 years, his/her parent or guardian must sign for him/her.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_