**Give Cancer the Boot Survivorship 5K Run/Walk Registration**

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| **Name** |
| **Date of birth (not age)** |
| **Gender Male/Female** |
| **Shirt size** |
| **Address** |
| **Phone** |
| **Email** |

In consideration of being permitted to participate in UT Health’s Give Cancer the Boot run, I agree to assume all risks inherent in participation in such program, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against UT Health San Antonio, and its affiliates, their agents, employees, volunteers, officers, directors, successors.

Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_