



www.northcountryhospital.org/lat45challenge

802-334-3225

Email: marketing@nchsi.org

Event Date: June 19, 2021

Who are you registering? (Please Circle)

Myself 18+ Other Adult(s) 18+ Minor Under 18

Choose Your Event:

Individual \$85 - Price increases to \$95.00 after March 31, 2021

Team (2-3 participants) \$175 Price increases to \$195.00 after March 31, 2021

Registrant #1 Or Individual

First Name : _____

Last Name : _____

E-mail Address : _____

Date of Birth : _____

Male Female

Unisex T-shirt size (Circle) Small Medium Large XL 2XL

Phone : _____

Street Address : _____

Zip Code _____

City : _____

State : _____

Add another Registrant #2

First Name : _____

Last Name : _____

E-mail Address : _____

Confirm E-mail : _____

Date of Birth : _____

Male Female

Unisex T-shirt size (Circle) Small Medium Large XL 2XL

Phone : _____

Add another Registrant #3

First Name : _____

Last Name : _____

E-mail Address : _____

Confirm E-mail : _____

Date of Birth : _____

Male Female

Unisex T-shirt size (Circle) Small Medium Large XL 2XL

Phone : _____

I NEED TO RENT A KAYAK (Please include an additional \$25)

Athlete Waiver and Release (one per entrant)

I acknowledge that participating in fitness activities such as bicycling, running, and kayaking are an extreme test of a person's physical and mental limits and participation in such activities poses potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING IN SUCH ACTIVITIES and EVENTS and agree to the following:

I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor and, furthermore the licensed medical doctor has not advised me to NOT participate in any events such as bicycling, running, and kayaking.

I hereby expressly grant to North Country Hospital and Health System and its staff, agents and assigns, the right to photograph me and use my picture, silhouette and other reproductions of my physical likeness (as the same may appear in any still camera photograph and/or motion picture film and/or videotape), in and in connection with the exhibition, theatrically on television or otherwise, of any motion pictures in which the same may be used or incorporated, and also in the advertising, and/or publicizing of any such motion picture, but not limited to television or theatrical motion pictures. I further give the said company the right to reproduce in any manner whatsoever any recording made by said company of my voice and all instrumental, musical or other sound effects produced by me. In addition, I hereby expressly grant North Country Hospital and Health System the right to use my picture, silhouette, other reproductions of my physical likeness, and video on Facebook, Twitter and any other social media or website for the promotion of North Country Hospital and Health System and its programs.

In consideration of participating in events sponsored by North Country Hospital and Health System, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training, THE FOLLOWING PERSONS OR ENTITIES: North Country Hospital and Health System; (b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, costs or liabilities that I have waived, released or discharged herein; and (c) I INDEMNIFY, DEFEND, and HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions except those resulting from the willful acts or gross negligence of entities mentioned above.

I agree to abide by the laws of the State of Vermont and to litigate any disputes between myself (the Client) and North Country Hospital and Health System within the legal jurisdiction of Vermont, (Orleans County)

I AFFIRM THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY ACCEPTING THE TERMS OF THIS DOCUMENT I AM WAIVING SIGNIFICANT LEGAL RIGHTS AND AM INCURRING SIGNIFICANT LEGAL LIABILITIES. I HAVE BEEN SPECIFICALLY ADVISED TO CONSULT WITH AN ATTORNEY IF I DO NOT UNDERSTAND ANY PORTION OF THIS RELEASE AND AGREEMENT.

Participant Printed Name:

Participant Signature:

Date:

RETURN THIS FORM WITH YOUR PAYMENT TO:

North Country Hospital
Foundation/Development Office
189 Prouty Dr.
Newport VT 05855

Please make your payment to: North Country Hospital

LAT45 CHALLENGE

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Participant Signature:

Date:
