



I voluntarily acknowledge that a Running, walking or multi-sport event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN Big Brothers Big Sisters of Long Island (BBBSLI) 5K fun run/walk on April 28, 2012.** I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by BBBSLI, and are being relied upon by BBBSLI and the various race sponsors, organizers and administrators in permitting me to participate in this event.

In consideration for allowing me to participate in this event, 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, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the BBBSLI by USA Track and field, including the Doping Control Rules, as they may be amended from time to time, (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment and areas to be used and if I believe any are unsafe I will immediately advise BBBSLI; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), of liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or related to my participation in or my traveling to or from this event, **THE FOLLOWING PERSONS OR ENTITIES: BIG BROTHERS BIG SISTERS OF LONG ISLAND., USA TRACK AND FIELD, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL STATE, CITIES, COUNTIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES OF LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY:** (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT HOSTED BY BBBSLI under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in BBBSLI 5k fun Run/walk events including but not limited to falls, contact and/or boats, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me: and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above in subparagraph (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me. I FURTHER GRANT PERMISSION for the use of my name and / or likeness relating to my participation in a BBBSLI event, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

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**I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.**

**ATHLETE / GUARDIAN**

**PRINTED NAME:**

**SIGNATURE:**

**DATE:**

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#### HEALTH INFORMATION ELECTION AND RELEASE FORM

According to the Health Insurance Portability and Accountability Act of 1776 (HIPAA) no health information about any competitors can be released for information purposes without the express permission of the athlete. This includes informing spouses and friends as well as informing other competitors, media and the press, or the general public. In previous years, when athletes came to the medical tent for brief assessment and treatment, spouses and friends were very anxious to learn of their condition. Because HIPAA rules came into full effect in April 2003, we are prohibited by federal law from releasing any information without an athlete's written permission.

This year Big Brothers Big Sisters of Long Island plan to have a status board, which will display an athlete's race number, their current location and, if in the medical tent, their general condition. We feel that this board will be very beneficial to friends and spouses trying to find athletes after the race, and who are concerned about an athlete's condition. However, athletes who desire to not have this information released in a public forum need not consent to release this information. In such a case, BBBSLI its employees, agents, its staff and volunteers will make every effort to be sure that no information is released or displayed.

#### Authorization and Release



I understand that I have the right to have all information regarding my location, admission to the medical tent, medical condition or, if necessary, transfer to a hospital kept private and not released to any other persons. I waive this right during **Big Brothers Big Sisters of Long Island (BBBSLI) 5K fun run/walk 2012**, and grant the BBBSLI staff, agents and volunteer the right to post this information on the Athlete Status Board. I understand that should I be admitted to the medical tent or transferred to a hospital that my location will be displayed and that general information regarding my condition may be released. I also understand that although this Board is designed for spouses and friends, it is accessible by the media, the press and the general public.

- I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to BBBSLI, Big Brothers Big Sisters of Long Island, its staff, agents and/or volunteers. I understand that this revocation will not apply to information that has already been released in response to this authorization. I understand that my revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date: **8:00 p.m. on April 28, 2012.**
- I understand that authorizing this disclosure is voluntary. I understand that I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used, disclosed, or discussed as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and that information may be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I will contact BBBSLI.
- I need not sign this form in order to assure treatment by the Big Brothers Big Sisters of Long Island 5K fun run/walk medical staff and volunteers except where permitted by law.



I desire to reserve all rights under the Health Insurance Portability and Accountability Act of 1776 (HIPAA) and do not want any information regarding my location or condition to be released on the Athlete Status Board or upon inquiry.

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Signature

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Printed Name

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Date