



Registration

- **Cam's Course** - \$15 (no fundraising minimum)
- **Youth/Student (18 and under or student)** - \$15 (additional \$50 fundraising minimum due by Oct. 9)
- **Adult (19 and over, non-student)** - \$35 (additional \$75 fundraising minimum due by Oct. 9)
- **Virtual** - \$0 at all times (fundraising encouraged, but not required)

Primary Participant Information	(Fields marked with an * are required.)
*First : _____ *Last : _____ *Age on Race Day: _____ *Date of Birth: _____ Team Name: _____ *Address: _____ *City: _____ *State: _____ *Zip: _____ *Email: _____ Phone: _____ Gender: _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> *Participation Type: <input type="checkbox"/> Adult Half Marathon <input type="checkbox"/> Youth/Student Half Marathon <input type="checkbox"/> Youth/Student 5K Run <input type="checkbox"/> Adult 5K Run <input type="checkbox"/> Youth/Student 5K Walk <input type="checkbox"/> Adult 5K Walk <input type="checkbox"/> Cam's Course <input type="checkbox"/> Virtual </div> <div style="width: 35%;"> *T-shirt size <input type="checkbox"/> Y SM <input type="checkbox"/> Y M <small>Men's or Women's sizing. Women's sizes run fitted.</small> <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL </div> </div>
Second Participant Information	(Fields marked with an * are required.)
*First : _____ *Last : _____ *Age on Race Day: _____ *Date of Birth: _____ Team Name: _____ *Address: _____ *City: _____ *State: _____ *Zip: _____ *Email: _____ Phone: _____ Gender: _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> *Participation Type: <input type="checkbox"/> Adult Half Marathon <input type="checkbox"/> Youth/Student Half Marathon <input type="checkbox"/> Youth/Student 5K Run <input type="checkbox"/> Adult 5K Run <input type="checkbox"/> Youth/Student 5K Walk <input type="checkbox"/> Adult 5K Walk <input type="checkbox"/> Cam's Course <input type="checkbox"/> Virtual </div> <div style="width: 35%;"> *T-shirt size <input type="checkbox"/> Y SM <input type="checkbox"/> Y M <small>Men's or Women's sizing. Women's sizes run fitted.</small> <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL </div> </div>

***WAIVER:** I understand that all payments, including, but not limited to, my registration fee and donations made to Dartmouth Health Children's are non-refundable and non-transferable, even if I do not participate in the CHaD HERO event.

In addition to my registration fee, I also agree to meet my fundraising minimum for my age and participation category as outlined above by either collecting donations through my online fundraising site, turning in donations raised to Dartmouth Health Children's, or making a donation on my own behalf, by Sunday, October 9, 2022. I understand and agree that the registration fee I paid does NOT count towards my fundraising minimum and that team fundraising totals do NOT count towards my fundraising minimum. If I have not raised the minimum amount by Sunday, October 9, 2022, I understand that I am expected to do so on race day. If I do not meet the minimum by Sunday, October 9, 2022, I understand that I am responsible for paying for the balance.

In consideration of my participation in CHaD HERO, a fundraising event of Dartmouth Health, and all related activities, I hereby assume all risk of injury and death. I agree on behalf of myself, and all my heirs, executors, administrators, personal representatives, agents, and assigns to release and forever discharge Dartmouth Hitchcock Clinic, Dartmouth Health Children's, Children's Hospital at Dartmouth Hitchcock (CHaD), Mary Hitchcock Memorial Hospital, Dartmouth Health, sponsors, volunteers, and their affiliates, related entities, directors, officers, employees, agents, representatives, successors, and assigns from any and all claims, causes of action, or liabilities, known or unknown, in any manner arising from or associated with my participation in activities associated with the CHaD HERO events.

If I am under the age of 18 years, this release and hold harmless agreement is signed on my behalf, and agreed to, by my parent or guardian.

I hereby give full permission for the use of my name and photograph in connection with this event, and agree and understand Dartmouth Health Children's may video, record and photograph CHaD HERO events, and I authorize Dartmouth Health Children's irrevocably, to copy, distribute, publish for any purpose--via any media, such as websites, printed materials, multi-media presentations, etc.--those videos, recordings, and photographs or any parts thereof.

Date: _____

Signature: _____

Printed Name: _____