



## 2021 Virtual CHaD HERO Registration

**Youth Virtual Participant (Ages 17 and Under)** - \$10 per person

**Adult Virtual Participant (Ages 18 and Over)** - \$20 per person

Virtual participation options: Virtual Half Marathon, Virtual 5K Run, Virtual 5K Walk, Virtual Hike, Virtual Bike, Virtual "Cam's Course" 1-Mile Fun Run, Virtual Quest

*Please use multiple forms to register more than two people.*

First Participant Information	(Fields marked with an * are required.)
*First : _____ *Last : _____ *Age on Sept. 26, 2021: _____ *Date of Birth: _____ Team Name: _____ *Address: _____ *City: _____ *State: _____ *Zip: _____	*Email: _____ Phone: _____ * <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <b>*Participation Type:</b> <input type="checkbox"/> Virtual Half Marathon <input type="checkbox"/> Virtual 5K Run <input type="checkbox"/> Virtual 5K Walk <input type="checkbox"/> Virtual Hike <input type="checkbox"/> Virtual Bike <input type="checkbox"/> Virtual "Cam's Course" 1-Mile Fun Run <input type="checkbox"/> Virtual Quest
Second Participant Information	(Fields marked with an * are required.)
*First : _____ *Last : _____ *Age on Sept. 26, 2021: _____ *Date of Birth: _____ Team Name: _____ *Address: _____ *City: _____ *State: _____ *Zip: _____	*Email: _____ Phone: _____ * <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <b>*Participation Type:</b> <input type="checkbox"/> Virtual Half Marathon <input type="checkbox"/> Virtual 5K Run <input type="checkbox"/> Virtual 5K Walk <input type="checkbox"/> Virtual Hike <input type="checkbox"/> Virtual Bike <input type="checkbox"/> Virtual "Cam's Course" 1-Mile Fun Run <input type="checkbox"/> Virtual Quest

**\*WAIVER:**

I understand that all registration fees and donations made to CHaD, the Children's Hospital at Dartmouth-Hitchcock, are non-refundable and non-transferable, even if I do not participate in the event.

In consideration of my participation in the CHaD HERO and all related activities, I hereby assume all risk of injury and, on behalf of myself, my heirs, executors, administrators, and personal representatives, release and hold harmless the organizers, sponsors and volunteers involved in the planning and operation of the CHaD HERO from liability for any injury to me or my property and any and all claims in any manner arising from or associated with my participation whether the liability, loss or damage is caused in whole or in part by their failure to use reasonable care in their activities associated with the CHaD HERO. If I am under the age of 18 years, this release and hold harmless agreement shall be signed on my behalf by my parent or guardian.

I hereby give full permission for the use of my name and photograph in connection with this event.

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

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

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