



**NAME OF EVENT:** Move for Life Fundraising Event

**DATE OF EVENT:** Friday, April 28, 2017

**DESCRIPTION OF THE EVENT:** Individuals are walking (1 mile event), running a 5K (3.1 mile event), doing Zumba, or playing basketball to raise money for the AVA Care. The event will take place at James Madison University UREC Park at 1090 Devon Lane Harrisonburg, VA 22801.

I acknowledge that participation in the AVA Care Move for Life involves risk to the participant (and to participant’s children, if they are minors), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and/or financial damage.

In consideration for the opportunity to participate in the Move for Life event, the participant (or parent/guardian if participant has a minor child) acknowledges and accepts the risks of injury associated with participation in the Move for Life event. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives.

Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Harrisonburg Crisis Pregnancy Center, Inc. dba **AVA Care of Harrisonburg** and **James Madison University** for any injury arising directly or indirectly out of the described activity, whether such injury arises out of the negligence of the activity sponsor, the participant, the venue or otherwise.

Print Name: \_\_\_\_\_

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

Minor Children: \_\_\_\_\_

**MOVE FOR LIFE – Talent Release**

*I understand there will be photos taken before and during the Move for Life (April 28, 2017) event and hereby give AVA Care of Harrisonburg and those acting on its behalf my consent to take photos of me. I hereby assign all rights to these photos to AVA Care. I further authorize AVA Care the right to reproduce, copy, exhibit-publish, or distribute these photographs and waive all rights and claims I may have against the AVA Care organization and/or any of its affiliates, subsidiaries, or assignees other than as stated in this agreement.*

Signature: \_\_\_\_\_ (one per family)