



Love for Scrubs

Ana Maria Carrasco  
5k Run  
& Fun Walk

**TEXAS NURSING STUDENTS' ASSOCIATION**

*Gayle Greve Hunt School of Nursing*

*El Paso Chapter*

**VOLUNTEER INFORMATION:**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Age: \_\_\_\_\_ \*Gender:  Male  Female

\*Home/Cell Phone Number: \_\_\_\_\_

School & Organization: \_\_\_\_\_

**EMERGENCY CONTACT:**

\*Emergency Contact Name & Relation: \_\_\_\_\_

\*Emergency Contact Number(s): \_\_\_\_\_

**RACE WAIVER:**

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, my own health conditions, whether known or unknown to me, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER GAYLE GREVE HUNT SCHOOL OF NURSING TNSA CHAPTER AND ALL SPONSORS, THEIR REPRESENTATIVES AND SUCCESSORS, FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THE RACE OR THE CLUB'S ACTIVITIES, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS, IN PART OR WHOLE, OF THE TEXAS TECH GAYLE GREVE HUNT SCHOOL OF NURSING TNSA CHAPTER OR OTHER SPONSORS REFERENCED ABOVE.

\*YES, I AGREE

This entry is not valid unless signed by the entrant, guardian, conservator, or parent for entrants under 18 years of age.

\*SIGNATURE OF VOLUNTEER: \_\_\_\_\_ DATE: \_\_\_\_\_

\*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PHOTOGRAPHIC AND RESULTS RELEASE:**

I give my full consent and permission to Gayle Greve Hunt School of Nursing-Texas Nursing Students' Association and Texas Tech Health Sciences Center ("TTUHSC"), their local affiliates, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other recordings of me or my minor children that are made during the course of these group bike rides (the "Event"). I also waive any right to inspect or approve the finished photographs, videotapes, or audiotapes, or other recordings.

**WAIVER AND RELEASE OF CLAIMS:**

I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand that I may be removed from these walk/run if I do not follow all the rules of this Event. I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY, DEATH, OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES OR ANY OTHER LOCATION ASSOCIATED WITH THE EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST UMC or TTUHSC, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, VOLUNTEERS, DIRECTORS, AGENTS, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I OR MY MINOR CHILDREN ATTENDING THE EVENT MIGHT SUFFER IN CONNECTION WITH MY OR THEIR PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES OR ANY OTHER LOCATION AND/OR PREMISES ASSOCIATED WITH THE EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY, OR CLAIMS I, MY NEXT OF KIN, HEIRS, ADMISTRATORS AND EXECUTORS MAY HAVE ARISING OUT OF MY OR MY MINOR CHILDREN'S PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES OR ANY OTHER LOCATION AND/OR PREMISES ASSOCIATED WITH THE EVENT, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY, DEATH, OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY FALLS, CONTACT WITH AND/OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANIMALS, CONDITIONS OF THE EVENT PREMISES OR ANY OTHER LOCATION AND/OR PREMISES ASSOCIATED WITH THE EVENT, NEGLIGENCE, PASSIVE OR ACTIVE, OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of Texas with venue in El Paso County, Texas for all purposes. In the event any provision of this Release is deemed unenforceable by law, and (i) all other provisions of this Release shall remain in full force and effect.

I understand that I have given up substantial rights by signing this Release, and I HAVE READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGN THIS RELEASE.

\*YES, I AGREE

\*SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_