



HERCULES
FITNESS CHALLENGE

Race Voucher Registration

1. Select the category in which you are claiming your race voucher

- Member of Orange Regional Medical Center
- Previous Race Volunteer-Date: _____
- Claiming Race Voucher for a previous Volunteer
 - a. Volunteer Name: _____
 - b. Date Volunteered: _____
 - c. Volunteer Station: _____

2. Select a category to race

- Hercules Fitness Challenge Individual - Beginner Category
- Hercules Fitness Challenge Individual - Intermediate Category
- Hercules Fitness Challenge Individual - Advanced Category
- Hercules Fitness Challenge Individual - Elite Category

3. First Name: _____

4. Last Name: _____

5. Email Address: _____

6. Address (Street, City/Town, State, Zip Code): _____

7. Phone Number: _____

8. Birth Date (mm/dd/yyyy): _____

9. Gender

- Male
- Female

10. Shirt Size (Check one)

- X-Small
- Small
- Medium
- Large

X-Large
Youth X-Small
Youth Small
Youth Medium
Youth Large
Youth X-Large

11. Emergency Contact Name: _____

12. Emergency Contact Phone: _____ **Relation:** _____

Race Waiver

WAIVER: I, the undersigned participant (and my parent or guardian if I am younger than 18 years of age), intending to be legally bound, do hereby forever release and waive any and all rights, claims, and actions for damages that we, our heirs, executors, administrators, and assigns may have, or that may hereafter accrue against any and all persons, organizations, and other entities associated with the event, including, but not limited to Hercules Fitness Challenge, sponsors, affiliates, volunteers, and individual race organizers, arising out of or in connection with my involvement before, during, or after the event. I verify that I am physically fit and sufficiently trained to participate in this event and I assume the risks involved in this activity. I further attest that I will be mindful of traffic along the race course, and hold said sponsors and organizers blameless in any harm that may happen. I also give my permission for the free use of my name and/or pictures in telecasts, broadcasts, newspapers, posters, advertising, etc. I also acknowledge understanding that the charge to my card will show up as Hercules Fitness Challenge. I acknowledge that the online processing fees and charitable donations are non-refundable. I also acknowledge that any charitable donations will have 4.97% withheld from the donation to pay credit card and administrative costs. Hercules Fitness Challenge shall not be liable to you for any direct, indirect, special, incidental, consequential or exemplary damages including, but not limited to, loss of profits, goodwill, use, data or other intangible losses. Hercules Fitness Challenge does not guarantee the completeness or accuracy of any information contained in, or provided in conjunction with the <http://www.raceentry.com> website. Hercules Fitness Challenge is not responsible for any omissions or inaccuracies, or for the results obtained from this information. Hercules Fitness Challenge facilitates registration for various events, some of which allow participants under the age of thirteen (13). We require a submission of birth date for all registration entries. For children under the age of thirteen (13), parental or guardian consent is required. You agree that the statutes and laws of the State of New York, USA, will apply to all matters relating to this Agreement and Waiver. You irrevocably consent that exclusive jurisdiction for any dispute with Hercules Fitness Challenge relating to this Agreement and Waiver resides in the courts of NY, and you further agree and expressly consent to the exercise of personal jurisdiction in the courts of New York, in conjunction with any such dispute including any claim involving Hercules Fitness Challenge.

Signature indicates that you agree to the terms explained above

Signature: _____ Date: _____

Hercules Staff Verification _____ Submit to Registration _____