



PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM

Participant Number _____

Participant's Name _____ Date of Birth ____ / ____ / ____

Address _____ City/State Zip _____

Email _____ Phone _____

Emergency Contact _____

Relationship to Participant _____

Phone Number _____ Alternate Phone Number _____

AGREEMENT, WAIVER AND RELEASE

In consideration to participate in the **BCIL Trek, Trot & Treat – a Costumed Fun Run for Disability Rights** hosted by the **Boston Center for Independent Living (BCIL)** at the UMass Boston Clark Athletic Center, I hereby waive, release and discharge all claims for damage for personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the **Boston Center for Independent Living**, its officers, employees and agents from all liability arising out of or connected in any way with my participation. It is understood that activities may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Print Name _____

Signature _____ Date _____