

SBM STRIDE FOR SCIENCE RUN/WALK

Registration Form

Thursday, March 14, 2024 • Philadelphia, PA



DONOR INFORMATION (please print or type)

First Name: _____ Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

REGISTRATION – All proceeds benefit SBM's Science Communication Fund

On-site registration is a minimum \$40 fee and does not guarantee any or all SWAG items. Additional donations are not required *but greatly appreciated*. Your gift helps behavioral medicine scientists communicate their work to the public using resources such as our Sci Comm Toolkit and Healthy Living Articles.

- I would like to participate AND expand my impact by becoming a monthly Sci Comm Fund donor.
- I would like to participate with a one-time gift.

Run/Walk Sci Comm Fund Donation:

\$ _____

Your Registration Counts Towards SBM's Annual Battle of the SIGs Fundraising Competition!

Will your home SIG be deemed the most generous SIG of the year? Let us know the SIG you'd like to represent in this fundraising competition and your SIG could receive an SBM-funded happy hour at the Annual Meeting and a Battle of the SIGs trophy with your SIG name displayed.

Home SIG Representation:

CHOOSE YOUR SWAG

	Yes, I'd love one!	No, thank you	Size
Unisex Long-Sleeve Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL
Beanie/Knit Cap	<input type="checkbox"/>	<input type="checkbox"/>	One Size Fits All
Drawstring Backpack	<input type="checkbox"/>	<input type="checkbox"/>	One Size Fits All

PARTICIPANT WAIVER, MUST COMPLETE ENTIRE SECTION

I HAVE READ AND UNDERSTAND THE AGREEMENT BELOW AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I FURTHER APPRECIATE THAT THE MINOR(S) HAS/HAVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHTS TO SUE FOR DAMAGES FOR INJURIES THAT ARE SUSTAINED DUE TO THE BREACH OF A LEGAL DUTY OWED BY OTHERS. I AM LEGALLY AUTHORIZED TO WAIVE SUCH LEGAL RIGHTS ON BEHALF OF THE MINOR(S), AS APPLICABLE.

PARTICIPANT'S NAME (PRINTED): _____

PARENT/GUARDIAN'S NAME (IF APPLICABLE, PRINTED): _____

PARTICIPANT'S SIGNATURE (OR PARENT/GUARDIAN IF APPLICABLE): _____

DATE: _____

RELEASE AND WAIVER OF CLAIMS; ASSUMPTION OF THE RISK; INDEMNIFICATION AGREEMENT

In consideration of being allowed to use the facilities and participate in the Stride for Science Run/Walk (the "Activity") provided by the Society of Behavioral Medicine ("the Hosts"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

1. TO WAIVE ALL CLAIMS that they have or may have against the Hosts arising out of the Participant's participation in the Activity;
2. TO ASSUME ALL RISKS of participating in the Activity, even those caused by the negligent acts or conduct of the Hosts, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her/their parent(s) or legal guardian(s) understand that there are inherent risks of participating in the Activity, which may be both foreseen and unforeseen and include serious physical injury and death;
3. TO RELEASE the Hosts, their owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her/their next of kin) may suffer, arising out of his/her/their participation in the Activity. The Participant and his/her/their parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the Hosts, its owners, affiliates, operators, employees, agents, and/or officers, to the fullest extent permitted by law. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional misconduct.
4. TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Hosts, their owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her/their next of kin) may suffer, arising out of participation in the Activity.
5. I AUTHORIZE the Hosts to photograph, video tape or use any other mechanical means of recording or reproducing images and to use Participant's likeness. I also acknowledge and hereby grant the worldwide and perpetual right and authority to the Hosts to use, reproduce, distribute, broadcast or otherwise transmit, publish and display in whole or in part, Participant's name, photograph, or any other likeness, and any statement Participant has made or may make concerning the Hosts in any and all media now known or hereafter invented, in perpetuity, for the purpose of trade, promotion and/or otherwise without notification, compensation or additional consideration, except where prohibited by law.
6. THAT THE PARTICIPANT has no physical or mental condition that precludes him/her/them from participating in the Activity and that he/she is not participating against medical advice; that the Participant is obligated to follow the rules of the Activity and that he/she/they can minimize his/her/their risk of injury by doing so and through the exercise of common sense and by being aware of his/her/their surroundings; and that any observed unusual hazard or condition, which they believe jeopardizes the Participant's personal safety or that of others in the Activity, will immediately be reported to the Hosts.

To the extent that any portion of this Agreement is deemed to be invalid under the laws of the state of Pennsylvania, the remaining portions of the Agreement shall remain binding and available for use by the Hosts and its counsel in any proceeding.

PAYMENT INFORMATION

Cash Check (Check # _____) AMEX MC VISA DISC

PLEASE MAKE CHECKS PAYABLE TO: SOCIETY OF BEHAVIORAL MEDICINE

Credit Card Number _____ Exp. Date _____

Cardholder's First Name _____ Last Name _____

Authorized Signature _____

The Society of Behavioral Medicine (SBM) is a 501(c)(3) tax-exempt organization; the tax number is 13-2984912.
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