



Join Harlem United's Team Apollo at the 2010 New York City Half-Marathon on March 21st

RELEASE FORM

This form must be signed and on file with Harlem United

Release Form and Contribution Agreement: In consideration for my acceptance onto Team Apollo, I agree that I will not hold Harlem United, the Upper AIDS Ministry, its employees, volunteers, officers, board members, charities, vendors or sponsors (the "Organization") responsible for any injuries or losses I might incur while participating in the NYC Half-Marathon (the "Marathon") or travel to or from the Marathon or any training sessions or meetings related to my participation in the Marathon (the "Event Activities"). I hereby release and discharge the Organization from any and all claims, demands, damages, and actions, and I voluntarily agree to assume full risk of any and all injuries, damages or losses I may sustain as a result of participation in the Event Activities. I warrant that I have sufficiently trained for the Marathon, and that a licensed physician has verified that I am fit to participate in the Marathon. I grant the Organization permission for the use of my name, likeness, or voice and waive any compensation for said use.

In the Event of an illness, injury or medical emergency: I authorize the Organization to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services, ambulance transport serve, and treatment rendered to me including medications and hospitalization. I represent that I have secured adequate insurance again any injury or loss that I might sustain during, or as a result of participating in the Event Activities. The following should be contracted in case of emergency.

EMERGENCY CONTACT: *MUST BE COMPLETED*

Name: _____
Telephone: _____ Cell: _____
Relationship: _____
Allergies to Medications: _____

PARTICIPANT

Print Name: _____
Signature: _____ Date: _____

Team Apollo

Attn: Kitty Chan

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