



People Helping People Global

Partnering with locals to end poverty

89 Evergreen Rd. • Fairfax, VT 05454 • (802) 318-4488 • phpgmicrolending.org

Brain Freezer 5K Participant Release & Waiver of Liability

The Brain Freezer 5K is a fundraiser for the Vermont-based non-profit organization, People Helping People Global, Inc. The funds raised at this event will be used to provide interest-free microloans to individuals living on less than two dollars per day. Thank you for your participation in this event and helping us move one step closer to eradicating extreme poverty across the globe.

The following document outlines the Brain Freezer 5K Participant's Release and Waiver of all Liability of People Helping People Global, Inc. and all related persons and entities. The Release and Waiver of Liability (the "Release") has been executed on this _____ day of _____, 20__ by _____ (the "Participant") in favor of People Helping People Global, Inc., a registered 501(c)(3) Vermont non-profit organization, their directors, officers, employees, and agents (collectively, "PHPG").

The Participant intends to participate in some or all activities related to the Brain Freezer 5K, including but not limited to running, walking, eating, crossing roads, and maneuvering around pedestrians (the "Activities").

The Participant executes freely and voluntarily this Release under the following terms and conditions:

Release and Waiver: The Participant does hereby release and forever discharge and hold harmless PHPG and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Participant's Activities with PHPG.

The Participant understands that this Release discharges PHPG from any liability or claim that the Participant may have against PHPG with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Participant's Activities with PHPG, whether caused by the negligence of PHPG or its officers, directors, employees, or agents or otherwise. The Participant also understands that PHPG does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: Participant does hereby release and forever discharge PHPG from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Participant's Activities with PHPG.

Assumption of the Risk: The Participant understands that the Activities include running, walking, eating ice cream, and crossing intersections. The competitor acknowledges the risk involved with racing and confirms that he/she is physically fit enough to participate in this event. Additionally, the Participant acknowledges the risks involved with speed eating as well as the potential for food allergies. It is the responsibility of the Participant to educate himself on the ingredients and warnings for the various ice creams available at the race. The Participant hereby expressly and specifically assumes the risk of injury

or harm in the Activities and releases PHPG from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Participants acknowledges that PHPG does not carry or maintain any health, medical, or disability insurance for any Participants.

It is expected that the Participant obtain his or her own health or medical insurance coverage.

Photograph and Media Release: The Participant does hereby grant and convey unto PHPG all rights, title, and interest in any and all photographic images and video or audio recordings made by PHPG during the Participant's Activities with PHPG, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

IN WITNESS WHEREOF, the Participant has executed this Release as of the day, month, and year written above.

Participant Name: _____

Participant Signature: _____ Date: _____

If the Participant is under the age of 18, please have a parent or legal guardian sign below:

Parent/Legal Guardian Signature: _____ Date: _____

Participant Address: _____

Phone Number: _____

Email: _____

Group/Organization (if applicable): _____

Emergency Contact Information:

Name: _____

Relation to Participant: _____

Address: _____

Phone Number: _____

Email Address: _____