



Participant Registration Form | 31st Annual LLS Firefighter Stairclimb | Sunday, March 13th, 2022
SWAP DEADLINE: February 11th, 2022

All swaps need to be approved by the Team Captain before being submitted by the person swapping into the event. **Swap Fee is \$25, non-refundable, and mandatory for all swaps. The original registrant will not be refunded their registration fee.**

Send completed forms to: firefighterstairclimb@lls.org

Name of person you are taking the place of: _____

Full Name: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address (If different than above. For payment info below):

City: _____ State: _____ Zip Code: _____

Phone: _____ Gender: _____ Date of Birth: _____

Emergency Contact Name: _____ EC Phone: _____

Fire Department Name: _____

Fire Station #: _____ Team Captain's Name: _____

How many years have you participated in this event?: _____ Are you the fire chief? Y / N

Event T-shirt Type Selection (circle one): Cotton / Performance Unisex T-shirt Size: _____

Have you ever been diagnosed with a blood cancer?: Y / N

If yes, which type were you diagnosed with?: _____

I authorize 3M Scott Fire & Safety (Official SCBA Event Sponsor) to contact me with information and promotions: Y / N

I understand that I must meet the \$300/person fundraising minimum in order to pick up my race packet & compete: Y

Card #: _____ Expiration Date: _____ CVV Code: _____

Add a donation of \$20 to my registration fee to receive a 2022 Challenge Coin in my race packet as a commemorative gift. Y / N

2022 LLS Firefighter Stairclimb Participant Waiver & Release Agreement
Assumption of Risk and Complete Release of Liability

I, intending to be legally bound, understand and agree that I am voluntarily participating in a race, relay, endurance event, training program, sailing, boating, or other on-water activity, or other event(s) and all related activities (the "Event") with The Leukemia & Lymphoma Society ("LLS") at my own risk.

Assumption of Risk: I acknowledge that I am aware of the risks, both known and unknown, inherent in participating in the Event, including but not limited to: trips or falls; contact or collisions with other participants, volunteers, spectators, employees or others; uneven surfaces; the effects of and exposure to weather and environmental conditions; theft of personal property; and other training or Event course conditions; and that I HEREBY ASSUME SUCH RISKS and accept full responsibility for these activities, and for any injury, damage, death, or other loss suffered by me resulting from the Event and/or resulting from my own negligence or misconduct. I certify that I am physically fit, have not been otherwise informed by any physician, and know of no restrictions imposed on me that would prevent me in any way from actively participating in the Event.

Release and Indemnity Agreement: In consideration of being permitted to participate in this Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby waive all rights of subrogation and fully release, waive, discharge, indemnify, and hold harmless LLS and its subsidiary and affiliated organizations, its officers, directors, agents, employees and representatives, successors and assigns, and sponsors (be they individuals or organizations, singly and collectively), together with their insurers ("Releasees"), from any and all claims, liabilities, demands, suits or causes of action, which are in any way connected with my participation in the Event, including for any injury, damage, death, or other loss. THIS RELEASE OF LIABILITY IS EFFECTIVE AND VALID REGARDLESS OF WHETHER THE INJURY, DEATH, DAMAGE, OR OTHER LOSS IS A RESULT OF ANY NEGLIGENT ACT OR OMISSION ON THE PART OF RELEASEES.

Medical Authorization: I hereby grant permission to the Releasees to render preventative or first-aid assistance or seek medical care that they deem reasonably necessary for my health and well-being, including transportation to a hospital or other medical facility. I agree to assume all risks and pay all costs associated with that assistance, care, and transportation.

Code of Conduct: I agree to comply with all rules, regulations, and safety procedures during my participation in the Event and realize that my failure to do so may result in further injury and damage to myself or others for which I will be liable.

Publicity Release: In connection with my participation in the Event, I give permission for Releasees to use my name, photograph, likeness, and voice in any manner and in all media now or hereafter known, in perpetuity throughout the world, without compensation of any kind.

This Waiver & Release Agreement will be governed by and subject to the laws of the State of New York without regard to any conflict of law rules. Jurisdiction and venue in any matter arising out of this Waiver & Release Agreement shall be proper in the federal and state courts located in Westchester County, New York.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER & RELEASE AGREEMENT AND UNDERSTAND THAT I AM ASSUMING ALL THE RISKS AND THAT I AM RELEASING ANY AND ALL CLAIMS THAT I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE EVENT.

Electronic Signature Consent: I further agree that my electronic signature or acknowledgment constitutes my acceptance of this Waiver & Release Agreement and will have the same legal effect as an original signature.

Signature of Participant: _____ Date: _____

Name of Participant (please print): _____