



**CCMAC**  
**Colette Coyne Melanoma Awareness Campaign**  
 Miles for Melanoma 5K Run / Walk  
 Sunday, May 31st, 2015  
**"BE SUN SMART®"**



***Liability Waiver Form***

I (name) \_\_\_\_\_ know that participating in the CCMAC sponsored 5K Run/Walk event on May 31st, 2015, is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with running in this event, including but not limited to change in running surfaces, falls, contact with other participants, or spectators, the effect of weather including cold, snow, and ice, traffic and conditions of the road, all such risks being known and appreciated by me.

Therefore, in consideration of accepting this entry, I the undersigned, intending to be legally bound, do hereby declare myself, my heirs, executors, administrators and assigns, do waive and release all rights and claims for any damages I may have against the Colette Coyne Melanoma Awareness Campaign (CCMAC), also known as the Colette Coyne Memorial Melanoma Foundation, their officials, officers, and volunteers; the County of Nassau, the Nassau County Parks, Recreation, and Museums, and all the aforementioned representatives, employees, and successors, agents and assigns, for any and all injuries suffered by me in this CCMAC sponsored 5k Run / Walk event.

\_\_\_\_\_  
 Gender (Check One):  Female  Male

Age: \_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

\_\_\_\_\_  
 Signature (Parents must sign if entrant is under 18 years of age.)

Date Signed: \_\_\_\_\_

**Hats Are In, Save Your Skin®**  
 Wear sunscreen and protective clothing e.g., UV shirt, hat and sunglasses ☺