



University of Washington Medical Center TEAM TRANSPLANT Registration Form

Please submit prior to attending your first practice or no later than September 10th to be a part of the 2011-2012 team.

Circle one: Mr. Ms. Mrs. Miss **Check one:** ____ New member ____ Returning Member

Circle one: Transplant Recipient: _____ Friend/Family UWMC Staff Other
(which organ?)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Box Number (UW employees only): _____

E-mail: _____

- Transplant Recipients: Turn in Physician's Release form before the first practice.
- I would be willing to dedicate one weekend practice to assisting with a water station.
- Team Transplant Web Site: www.uwmcteamtransplant.com.

Best Way to Contact Team Transplant: teamt@u.washington.edu or (206) 598-6351

Mailing Address: Team Transplant
UWMC, Box 356086
1959 NE Pacific Street
Seattle, WA 98195-6086

Team Registration Fee: \$20.00

Please make checks out to: UWMC Service League w/notation to Team Transplant

Complete and submit the following 3 pages:

- Registration Form** (page 1)
- Emergency Contact Information** (page 2)
- Personal Release Agreement** (page 3)



Emergency Contact Form

NAME: _____

FITNESS INFORMATION

I would like to complete the half-marathon by:

() running () walking () run-walking

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____ Relationship: _____

Emergency Contact Phone Number _____

LIABILITY RELEASE

I, _____, intending to be legally bound, understand and agree that I am voluntarily participating in Team Transplant and local running/walking events. In doing so, I understand that all program, event and carpool participation with Team Transplant and/or the University of Washington Medical Center shall be undertaken at my own risk. Further, I agree that Team Transplant and/or the University of Washington Medical Center shall not be liable for any injuries or any damage to me or to my property or be subject to any claim, demand, injury, or damages whatsoever. In consideration of being permitted to participate in this program and associated events, I, on behalf of myself and my executors, administrators and assigns, do hereby expressly forever release and discharge Team Transplant and the University of Washington Medical Center for all such claims, demands, injuries, damages, actions or causes of action suffered by me as a result of my voluntary participation on this Team and in associated events.

(signature of participant) _____
(date)

(signature of parent or guardian if participant under age of 18 years) _____
(date)



University of Washington Personal Release Agreement

Name: _____
Address: _____

Email: _____
Phone: _____

Grant. For consideration which I acknowledge, I hereby grant the University of Washington (“UW”) permission to use my name, image, and (if I am a student) information identifying my academic program and expected date of graduation (collectively, “Identifying Information”) for any UW purpose, including educational, research-related, public service, and promotional purposes. This may include, without limitation, uses such as: inclusion on a UW website, brochures and other publications in print or electronic media, catalogs, press releases, and lectures and presentations inside and outside UW.

I grant the right to use my Identifying Information for the above purposes in all forms and media, including without limitation printed and electronic media, television, the Internet, and the World Wide Web, and in composite or modified representations. I waive the right to inspect or approve the University’s uses of my Identifying Information, or the copies associated with the uses. I acknowledge that I will receive no payment for this grant of rights.

General Release. I release the University from any claims that may arise regarding the use of my Identifying Information, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright. The University is not obligated to utilize the rights granted in this Agreement.

Signature: _____ Date: _____