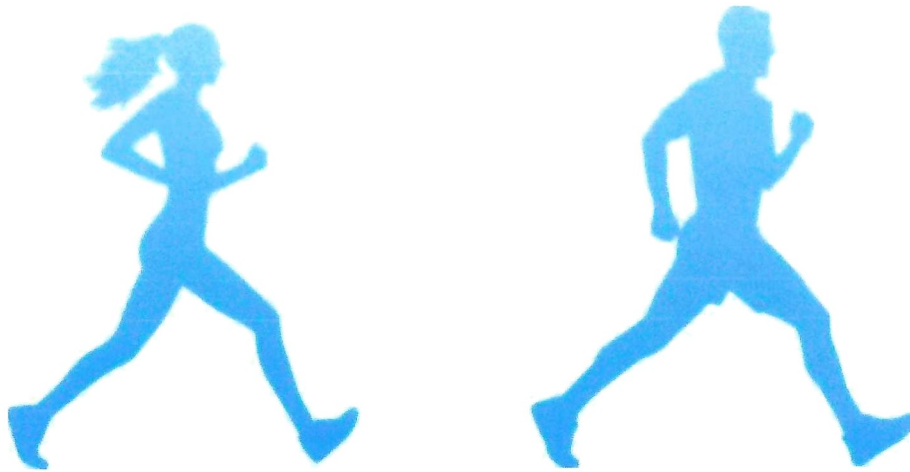


**WFIRM + OES = IMAGINE
ANNUAL 5K VIRTUAL RUN/WALK**

MAY 12-19, 2024

\$45.00 (includes donation to Regenerative Medicine)



Run or walk your 5K (3 miles) between May 12-19, 2024

- **May wear OES attire and WFIRM bracelet and/or pin.**
- **Carry a sign to support the project.**
- **Take selfie/interview people on your walk.**
- **Post photos and videos on social media.**

OHIO STEPS UP FOR REGENERATIVE MEDICINE

**Registration to: Linda Taylor 502 Yorkshire Drive, Haskins
OH 43525.**

Registration deadline: May 1, 2024.

**Make check payable to: Grand Chapter of Ohio, OES Inc. and
note REGENERATIVE MEDICINE COMMITTEE 2024.**

****Be sure to return the signed waiver with your registration
form and include name, phone number and email address.**

WFIRM + OES = IMAGINE
ANNUAL 5K VIRTUAL RUN/WALK/RIDE EVENT WAIVER

I know that participating in an event that is organized as a virtual activity where I run/walk/ride on my own, at a date and time of my choosing, in a location and route of my choosing, which will not have any support of security measures in place by Grand Chapter of Ohio OES is a potentially hazardous activity, which could result in injury or death. I acknowledge that I am participating in the activity outlined by this virtual event by my own free will and at my own personal risk. I will not participate in a virtual event unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event and am in good health, and I am properly trained. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of 2019 Novel Coronavirus Disease (COVID-19), and other communicable diseases, and I attest to having read the CDC's guidance at:

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I attest that if my community has a shelter in place order, that I will only participate in the virtual event by using a personal treadmill, and I will not run outside in the community during the duration of a shelter in place order. I agree to follow all pedestrian safety ordinances including running on a sidewalk where available and not in the road. I agree to follow the rules of the road if no sidewalk or multi-use trail is available, and I will run/walk against oncoming traffic and not with traffic.

I agree to abide by any decision of a race official relative to any aspect of my participation in this virtual event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I having read the rules of the virtual race scheduled for 05/12/2024 through 05/19/2024, including the terms in this waiver, the timeline of the virtual event and agree to abide by them. I assume all risks to me associated with running on my own as part of this virtual activity, including, but not limited to: falls, contact with other pedestrians, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road or trail, all such risks being known or unknown and appreciated by me when out running on my own without any type of support from local officials or event organizers.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the WFIRM + OES = IMAGINE annual 5k virtual, run/walk/ride and Grand Chapter of Ohio OES, the city of where I choose to walk/run/ride, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this virtual event, and waive my ability to bring any legal action against the entities outlined in this waiver as I am voluntarily electing to run on my own as part of this virtual event. I grant permission to all of the foregoing to use my photographs which I may share online as part of the event, personal data provided during registration and post event reporting, video or audio recordings, or any other record of this event for any legitimate purpose. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

X _____
Sign Name Print Name Date

Address email Phone #