

RELEASE OF LIABILITY AND INDEMNIFICATION  
FOR PARTICIPATION IN 5K RUN & WALK

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The Mission Advancement Office of the Sisters, Servants of the Immaculate Heart of Mary are holding the 5K Nun Run to help raise funds for Camilla Hall Nursing Home. You are invited to participate in this event.

Date & Time: June 3, 2023 8:30 am –Event Start

Location: Camilla Hall Nursing Home, Malvern. PA

Options: Men’s 5K, Women’s 5K, Youth Under 18 5K, and Walkers

Cost: \$15 Sister, \$30 Individual, \$60 Group/Family (4 max), \$75 Group/Family (5 or more)

You are responsible for choosing the option in which you will participate. Please note that ground may not be paved or level and that there is an inherent risk in physical activity. If you have any questions concerning the nature of the activity, please ask before submitting this Permission Form and Release.

**PLEASE NOTE that, by signing this release, you are not only asking to participate in the IHM Nun Run 5K Run & Walk, but you are also waiving any and all claims that might arise out of such participation.**

I wish to participate in the IHM Nun Run 5K Run & Walk. I am aware that this activity involves active participation in a physical activity and that there is an inherent RISK in such activity. I certify that I do not have any medical conditions, physical limitations or other limitations that would affect my ability to participate in this activity.

In consideration of the permission granted by the Sisters, Servants of the Immaculate Heart of Mary to participate in the IHM Nun Run 5K Run & Walk, I release any and all claims against the Sisters, Servants of the Immaculate Heart of Mary, Malvern, PA and its agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me which may arise from participation in this activity and agree to indemnify and hold these entities harmless from and against any claim or claims brought by or on behalf of me or by or on behalf of any other person arising out of or in any way connected with my participation in the activity.

I give permission for photos of me to be used with identification on the website and in publications or promotional materials of the Sisters, Servants of the Immaculate Heart of Mary or by other media who have received clearance from the IHM Communications Office.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Adults)