



Washington, D.C., USA
July 9-13, 2017

2017 ANNUAL CONFERENCE

Arlington, VA – Hyatt Regency Crystal City – July 11, 2017

FUN RUN/WALK REGISTRATION FORM



GENERAL INFORMATION

Prefix: _____ First Name: _____ MI: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Postal Code: _____

Name of Conference Attendee: _____

****Each Race Participant must complete and sign a form****

Race Participant

Run \$20

Walk \$20

T-Shirt ONLY \$15

Male T-Shirt Size _____ (S-XXL)

Female T-Shirt Size _____ (XS-XXL) (sizes run small)

(T-shirt is included in your registration for the Fun Run/Walk when you **register by June 15**. A few additional shirts will be available at the conference on a first-come/first-served basis.)

WAIVER AND RELEASE OF LIABILITY

I understand that participating in a road race is a potentially hazardous activity. I will not participate in this event unless I am medically able and properly trained. I acknowledge that there will be traffic on the course, and I agree to abide by all pedestrian crossing rules and traffic regulations. I agree to assume any and all risks, known and unknown, associated with participating in this event including, but not limited to, falls, contact with other participants, the effects of weather, including cold, heat, humidity, rain, as well as traffic and the conditions of the roads.

In consideration of being permitted to participate in the event and by my signature below I, for myself, my personal representatives, assigns, heirs, and next of kin, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby release, waive, forever discharge and covenant not to sue the National Association for Court Management, the International Association for Court Administration, and the National Center for State Courts their Boards of Directors, officers, agents, volunteers, employees and sponsors from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or death, which may be sustained by me or any of the property belonging to me as a result from my participation in this event whether caused by the negligence of the releasees or otherwise.

I have read this Waiver and Release of Liability and fully understand its terms and have signed it freely without any inducement or assurances of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature (Required) _____ Date _____

PAYMENT METHOD

Enclosed is my check for \$ _____ payable to NACM (Federal Tax ID #54-1327921)

Charge \$ _____ to American Express MasterCard VISA

Card Number: Phone Number for Credit Card Info: _____

Expiration Date: MONTH _____ YEAR _____

Signature (Required) _____

Please Complete and E-mail to:
conferences@ncsc.org

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