

"ANSWER THE CALL OF THE HEALING DRUM."

In Partnership
with the Marine
Corps
Marathon



DrUMM MCM Waiver of Negligence and Complete Release of Liability Form

Please fill out completely and mail to:	DrUMM P.O. Box 13536 Silver Spring, Maryland 20911
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Alternatively, you may fax to:	(410) 310-1334
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Please sign in the space below after carefully reviewing the terms of this waiver and release form.

I wish to participate with the Doctors for United Medical Missions (**DrUMM**) team in the annual running event known as the Marine Corps Marathon (the **Event**). I understand that in participating, I will be using public streets and facilities in Maryland, Virginia, and the District of Columbia (or other states and cities based on my training regimen), where hazards exist. I appreciate the risks that may result and am aware that accidents can occur while running on roads, possibly resulting in serious injury or death. I am voluntarily participating with **DrUMM** in the **Event** with a full comprehension of the dangers involved and I agree to accept any and all risks of injury or death, releasing and holding harmless **DrUMM** (and all of **DrUMM**'s respective officers, directors, agents, employees, members, successors, and assignees) for any direct or indirect damages suffered as a result of participation in the **Event**. This **Waiver** and **Release** serves to both release and discharge, in advance, the persons and entities mentioned above (**DrUMM**), and waive my rights to damages for personal injury, property damage or death which I may have, or which may hereafter accrue to me as a result of my participation in the **Event** with the **DrUMM** team. Additionally, I understand that involvement with the **DrUMM** team for the **Event** includes weekly group runs led by training coaches during a period preceding the **Event**. I understand that **DrUMM** team personnel, including my coach, are **not** licensed physicians and that any suggestions or recommendations a training coach may offer regarding any aspect of my training or physical fitness are not rendered as medical advice. I understand and agree that this **Waiver** and **Release** is binding on my heirs, successors, assignees, and legal representatives. I thus verify that I have full knowledge of the rigors and risk involved in participation with the **DrUMM** team in the **Event**. I have carefully read this **Waiver** and **Release** and fully understand its contents. I am aware that I am waiving my rights and releasing **DrUMM** personnel as detailed herein. I certify that I am 18 years or older in age. Finally, I understand that this document constitutes a contract between me and the persons and entities mentioned above (**DrUMM**) and I have signed in agreement below, of my own free will.

Printed Name of Applicant	
Signature of Applicant	
Applicant Signature Date	