

# Tuskegee University Health Disparities 12<sup>th</sup> Annual Healthy Lifestyle Health Marathon “#LIVINGMYBESTLIFE”

Sponsored by:

Tuskegee University Health Disparities Institute for Research and Education (HDIRE); Morehouse School of Medicine/Tuskegee University/University of Alabama-Birmingham CCC Partnership at Tuskegee University, Community Outreach, Healthy Lifestyle Program in Bullock and Macon County, Network Members, City of Tuskegee, Utilities Board of Tuskegee and in Partnership with Tuskegee Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

## VENDOR FORM

**Saturday, April 13, 2019 · 8:00 a.m.**

**On-Site Registration 7:15 a.m.-7:50 a.m. only**

**Downtown Tuskegee Square**

**Event Location:**

**Registration Online:** <https://tuhealthmarathon.eventbrite.com>

**Registration Locations:** 44-207 John A. Kenney Hall (Tuskegee University)

**Registration Deadline:** On or before 7:50 a.m., April 13, 2019

**Make Checks Payable To:** Tuskegee University Health Marathon

**Mail To:** Health Disparities Institute for Research and Education

Tuskegee University, 44-207 John A. Kenney Hall, Tuskegee, AL 36088

**For More Information:** Visit the website at [www.tuskegee.edu](http://www.tuskegee.edu)

Contact Tracey Moon (334) 750-2864 or Cheryl Ferguson: (334) 421-9054

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** (    ) \_\_\_\_\_ **Evening:** (    ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Merchandise/Food/Services:** What will be displaying? (Please be exact) Healthy Lifestyles-Health Marathon reserves the right to deny inappropriate merchandise, food or services prior to the event and the day of the event. **NO VENDOR FEE.**

**PLEASE NOTE:** If food or merchandise is being SOLD, you must attain the appropriate vendor's license from the City of Tuskegee. **FEE MAY BE APPLICABLE.**

**\*\*\*PLEASE BRING YOUR TENT, TABLE, CHAIRS AND MATERIAL\*\*\***

**Please check T-shirt size:** Small  Medium  Large  X-Large  2X-Large  3X-Large

**WAIVER:** Participating in the **Healthy Lifestyle Health Marathon**, competitive or non-competitive, volunteers, Kids Zone can be a serious threat to the health of participating individuals, especially those who have not trained or are not in excellent health. Those participating should check with their physician prior to participating in the **Healthy Lifestyle Health Marathon**, here after known as the **Event**. Knowingly and at my own risk I am applying to enter the **Event**. I, myself, executors, administrators, heirs and assignees and anyone entitled to act on my behalf do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss damage or express or whatever kind and nature including, but not limited to attorney fees which may any time be incurred by reason of my participation in or my preparation for any of the afore said events that I may incur as a result of my participating in the **Event**. I, myself and anyone entitled to act on my behalf also do hereby waive and release any and all actions, claims, injuries, demands, liabilities, loss damage or expenses or whatever kind and nature against the **Event**, Tuskegee University Health Disparities for Research and Education (HDIRE), Morehouse School of Medicine/Tuskegee University/University of Alabama-Birmingham CCC Partnership at Tuskegee University, Tuskegee University, Community Outreach, Health Lifestyle Program, Network Members, Utilities Board of Tuskegee, the City of Tuskegee, Bullock County, Macon County, the State of Alabama, the United States of America, Delta Sigma Theta Sorority, Inc.; the local chapter, Tuskegee Alumnae Chapter; and all sponsors or any employees, board members, volunteers, officials or elected officials of these organizations. I assume all risks associated with participating in this **Event** including, but not limited to falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. I further herby certify that I have full knowledge of the risks involved in this **Event** and I am physically fit to participate. If, however, as a result of my participation in the **event**, I require medical attention, I hereby give my consent to provide such medical care as is deemed necessary by authorized personnel. I grant to the **Event** and its sponsors the exclusive right to the free use of my name, my voice and/or my picture in any broadcast, advertising, promotion and other account of this **Event**. If not present at start time, I understand that my participation is at my own risk.

By Signing below, I, \_\_\_\_\_ accept this waiver.

(Print)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(If under 18 years of age, signature of Parent or Guardian Required)