National Brain Tumor Society

Brain Tumor Walk

Registration

Event: _____

Mail form to: National Brain Tumor Society, 55 Chapel Street, Suite 200, Newton, MA 02458
Donations paid for with credit cards can also be faxed to 617.924.9998.

Complete one form for each adult registering. Please print clearly.

PARTICIPANT INFORMATION

Name: _____ DOB: _____ /_____ /_____ Gender: F / M

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____
(Never sold or exchanged)

Emergency Contact Name: _____ Phone: _____

Employer: _____

My connection to brain tumors: (Circle one)

brain tumor patient/survivor friend family member brain tumor health professional caregiver brain tumor researcher

REGISTRATION INFORMATION

I am:

☐ **Adult** (age 18+). *Adults are encouraged to raise a minimum of $200 each.*

- ☐ **Individual Walker.**
- ☐ **Joining a team.** My team name or captain is: _____
- ☐ **Creating a team.** My team name is: _____

☐ **Virtual Participant** (I am unable to attend but would like to fund raise).

☐ **Volunteer.**

ADDITIONAL PARTICIPANTS (under 18)

In addition to myself, I am registering the following children under the age of 18 years. In registering these children, I apply all terms of the WAIVER AND AGREEMENT TO RELEASE, INDEMNIFY, AND HOLD HARMLESS and the PRIVACY POLICY on my registration form to these children:

Name: _____ DOB: ____ /____ /____ Name: _____ DOB: ____ /____ /____

Name: _____ DOB: ____ /____ /____ Name: _____ DOB: ____ /____ /____

DONATION

I wish to jumpstart my fundraising efforts with a donation of $ _____

☐ **Check enclosed, payable to National Brain Tumor Society.**

☐ **Charge my credit card.** Circle one: Visa / Mastercard / American Express / Discover

Card #: _____ Exp. Date: _____ /_____ CVC #: _____

_____ _____
Please print name as it appears on card *Signature of cardholder*

WAIVER AND AGREEMENT TO RELEASE, INDEMNIFY, AND HOLD HARMLESS

In order to complete and confirm my registration to participate in the Brain Tumor Walk (herein, the "Brain Tumor Walk" or the "event") presented by National Brain Tumor Society Inc. ("NBTS"), I hereby affirm, acknowledge, and agree to the following on behalf of myself and any minor for whom I am acting:

1. I am an adult age 18 years or older registering myself as a participant of the Brain Tumor Walk; or I am the parent/legal guardian acting on behalf of and registering a minor age 17 years or younger who wishes to participate in this event and that I have the legal authority to act and consent on his/her behalf.
2. I assume all responsibility for any and all damages to or the theft of personal property, or any bodily injury (including death) that may occur to me (or the minor) and further I assume responsibility for property damage and bodily injury (including death) that I (or the minor) may cause to others, in each case arising or resulting from, incident from, incident to, or as a consequence of, participation in the Brain Tumor Walk presented by NBTS.
3. I, for myself (and the minor) and my (and the minor's) heirs, executors, and administrators, release, indemnify, hold harmless from, and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of participation in the Brain Tumor Walk, which I (or the minor or either of our heirs, executors, or administrators) may now or hereafter have against NBTS, the cities and towns along the route, and/or the event's sponsors, vendors, and volunteers, including but not limited to NBTS, its affiliates, predecessors, successors and assigns, event venues, and the respective trustees, directors, managers, members, shareholders, employees, representatives and agents of any and all of the foregoing. WITHOUT LIMITING THE FOREGOING IN ANY WAY, I INTEND THIS TO BE A GENERAL WAIVER OF ANY AND ALL CLAIMS WHICH ARE IN ANY WAY RELATED TO PARTICIPATION IN THIS EVENT.
4. I understand that participating in this event is a hazardous activity and I attest and certify that I am physically capable and properly trained to participate in this event. I also attest and certify that any minor on whose behalf I am acting is physically capable, properly trained, and mature enough to participate in this event. I understand that NBTS will not provide supervision of or otherwise monitor minors participating in the event.
5. I acknowledge that I (and the minor) have reviewed and fully understand and agree to abide by all of the rules, guidelines, and requests that are listed under the EVENT INFO tab of the event website, or have requested and reviewed a paper copy of said rules and agree to (and will ensure that the minor will) follow all guidelines, requests, and rules as laid out in said document.
6. I grant full permission to NBTS to use my (and the minor's) name, voice, and/or likeness in any medium, including broadcasts, telecasts, advertising promotions, in-house publications, photographs, videos or other accounts of this event.
7. I understand that all donations processed are nonrefundable and nontransferable even if I (or the minor) don't participate in the event or the event is cancelled.
8. I attest that I have had sufficient opportunity to read this entire document and that I have read and understood it.

PRIVACY POLICY

National Brain Tumor Society values the trust you place in us. We will not sell, trade, or share the personal information you provide to us though our website(s) or by participating in this event with anyone else, nor will we send donor mailings on behalf of another organization without your written permission to do so. To read our complete privacy policy, **visit www.braintumor.org/privacy**.

Please sign below to acknowledge the Waiver and Agreement to Release, Indemnify, and Hold Harmless, as well as the Privacy Policy.

Participant Signature or Parent/Guardian Signature (if Participant is under 18) *Date*