



Presented by: Cassidy Turley Commercial Real Estate Services

Registration

Please print clearly.

Bib #: _____

PARTICIPANT INFORMATION

First Name										Last Name										DOB (MM/DD/YY)				Gender (F/M)	
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Address																											
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City																		State		Zip	
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Email														Phone			
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Employer/Occupation																											
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Are you a brain tumor survivor? Y / N

Are you walking in honor or in memory of someone? (Circle one)

Would you be willing to share your story with the media? Y / N

REGISTRATION INFORMATION

I am:

- an individual walker/runner.
- joining a team. My team name or captain is: _____
- creating a team. My team name is: _____

I am registering as:

- Walker/Untimed Runner \$50
- Timed Runner N/A
- Optional:** I wish to make an additional gift to the Race. \$ _____

Total Enclosed \$ _____

ADDITIONAL PARTICIPANTS

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

Name 1: _____ Bib #: _____

Signature: _____

Name 2: _____ Bib #: _____

Signature: _____

Name 3: _____ Bib #: _____

Signature: _____

PAYMENT (For Internal Use Only)

Total amount from above: \$ _____ Payment Type: Cash Check, # _____ Credit card

WAIVER AND AGREEMENT TO RELEASE, INDEMNIFY, AND HOLD HARMLESS

In order to complete and confirm my registration to participate in the Race For Hope (herein, "the Race" or "the Event") presented by National Brain Tumor Society Inc. ("NBTS") and Accelerate Brain Cancer Cure ("ABC2"), 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 Race; 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 the 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 Race.
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 Event, which I (or the minor or either of our heirs, executors, or administrators) may now or hereafter have against NBTS, ABC2, the cities and towns along the route, and/or the event's sponsors, vendors, and volunteers, including but not limited to NBTS, ABC2, their 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 THE 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 and ABC2 will not provide supervision of or otherwise monitor minors participating in this 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 and ABC2 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

In order to complete and confirm my registration to participate in the Race For Hope presented by NBTS and ABC2, I hereby affirm, acknowledge and agree to the following:

1. **Personal information:** We do not collect personally identifiable information from you unless you provide it to us voluntarily and knowingly. If you personalize a website, become a volunteer, order materials, request information, or donate, for example, we may collect the following information: first and last name, street address, city, state, zip code, telephone number, email address, and subject of inquiry. Personal information may be needed for certain optional online activities.
2. **Registration:** If you choose to create a profile to personalize the website (my.braintumorcommunity.org and/or braintumorcommunity.org) to your needs by becoming a registered Web user, we retain the preferences you select so that you will not have to reenter the information each time you access our website. You can access your profile by entering your username and password each time you use the website. When you register and create a profile, we may ask you to provide health information. This information is useful for event administration purposes. Further, if you elect to use our referral service to inform a friend about the site, we will ask you for your friend's name and address. We will use this information only to send your friend a one-time email inviting him or her to visit the site.
3. **Contributions:** If you choose to donate to our organization, we maintain a record of your contribution. We collect standard credit card information (card number, card type, expiration date) and keep a record of your financial transaction. Credit card numbers are held only until the charge can be processed (usually several minutes) then the number is only available to NBTS Gift Processing for purposes of problem resolution. Credit card numbers obtained through online transactions are handled by a secure server and not available to NBTS or its staff.

To view the entire privacy policy of National Brain Tumor Society, visit www.braintumor.org/privacy. To view the entire privacy policy of Accelerate Brain Cancer Cure, visit www.abc2.org/privacy-policy.

I have read and understand the WAIVER AND AGREEMENT TO RELEASE, INDEMNIFY, AND HOLD HARMLESS and the PRIVACY POLICY.

Participant Signature

Date

Parent/Guardian Signature (if Participant is under 18)

Date