

BIB NUMBER  
(Office Use Only)

# REGISTRATION FORM

**SUNDAY, AUGUST 23<sup>rd</sup>, 2009**  
**8:00 A.M.**  
**WASHINGTON PARK**

**Return this form with your non-refundable registration.**  
*Please make checks payable to the:*  
Cancer League of Colorado  
P.O. Box 101435  
Denver, CO 80250-1435

Entry Fees	Pre-Registration	Race Day
Adults	\$25	\$30
12 & Under	\$15	\$20
Family- includes 2 adults, 2 children. \$7 each add'l child	\$60	\$75

Age \_\_\_\_\_ Gender:  Male  Female

Event:  5K Run  5K Walk

Team Name (if applicable) \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt size:                      Child      Adult      Adult      Adult      Adult  
          S      M      L      XL  
                           

Fee amount Paid: \$ \_\_\_\_\_ .00

I am a cancer survivor.                       I cannot participate but would like to make a  
(Please check in on race day)                      \$ \_\_\_\_\_ donation to Race for Research.

**Credit Card Information:**

VISA # : \_\_\_\_\_ Exp. date \_\_\_\_\_ / \_\_\_\_\_

**Signature X** \_\_\_\_\_

**Waiver**  
In participating in Race for Research and signing this form for myself (or other participant if he/she is under the age of 18). I know that running and walking in a race can be potentially hazardous. I expressly knowingly assume all risks in this event, including, but not limited to falls, contact or collision with other participants, effects of weather including lightning, traffic and conditions of the road, all such risks being known and accepted by me. In consideration of these facts and the Race for Research acceptance of my registration I, for myself or the participant if he/she is under the age of 18 and hereby waive and release any and all claims against Race for Research, its affiliates, officers, directors and employees, all sponsoring business, or/and organizations and their agents and the City and County of Denver or its agents from all claims and liabilities of any kind or nature, I hereby consent to receive any medical treatment which may be deemed advisable in the event of an accident, injury and or illness during the Race for Research event. I also grant the Race for Research and all sponsoring businesses and organizations and their agents permission to use any photographs, motion pictures, recordings or any other record of the event in legitimate purpose.

**Signature X** \_\_\_\_\_  
(if under 18 your parent/guardian must sign)

**Each Participant must have a registration form. Copies may be made of this form.**