

MOVING TOWARDS A CURE® RUN/WALK

REGISTRANT INFORMATION											
Last Name		First		M.I.	Birthdate	____/____/____					
Street Address				Apartment/Unit #							
City			State			ZIP					
Phone			E-mail Address								
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Are you a Brain Tumor Survivor?		<input type="checkbox"/> YES	<input type="checkbox"/> NO					
T-shirt size	Youth Large <input type="checkbox"/>	Adult Small <input type="checkbox"/>	Adult Medium <input type="checkbox"/>	Adult Large <input type="checkbox"/>	Adult XL <input type="checkbox"/>	Adult 2XL <input type="checkbox"/>	Adult 3XL <input type="checkbox"/>				
Team Name/Team Captain/Participant to be credited:											
Registration Fees: includes tech shirt (if registered by 11/22/2013), breakfast, and souvenir medal 5-kilometer run: \$25 registration; \$30 after 11/29/2013 Survivor walk: \$25 registration; \$30 after 11/29/2013 5-kilometer run or Fun walk CHILD: (up to 5 years old, does not include t-shirt): free Virtual participant: \$25 registration; \$30 after 11/29/2013 (For those who are unable to attend - event shirt will be mailed to the address you put on this form)											
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">CASH</td> <td style="width: 20%; text-align: center;">CHECK</td> <td style="width: 30%; text-align: center;">CREDIT</td> </tr> </table>									CASH	CHECK	CREDIT
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Registration amount from above		\$ _____	\$ _____	check# _____	\$ _____						
I have included a donation in the amount of		\$ _____	\$ _____	check# _____	\$ _____						
Total		\$ _____	\$ _____	check# _____	\$ _____						
CREDIT CARD VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AM EX <input type="checkbox"/> DISCOVER <input type="checkbox"/>											
Card number _____				Exp. date _____							
Card Holder Signature _____											
ANY DONATIONS SHOULD BE MADE PAYABLE TO <u>MILES FOR HOPE</u> 1684 N Belcher Road Clearwater, FL 33765 (put team name on check memo line, if applicable)											
<p>I realize that by signing below I acknowledge and agree that participation in Miles for Hope – Moving Towards a Cure® entails the risk of personal injury. Such risks may include, but are not restricted to slips, falls, physical contact with other people, equipment or facilities, later accidents or abnormal climatic conditions. I accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, attendance and participation in activities provided by Miles for Hope. I accept my responsibility to abide by the laws of the country, to ensure that I have adequate medical coverage, protect personal possessions, and obey all the rules set out for athletic and recreation activities. I accept full responsibility for my level of participation and use of my equipment by exercising my judgment, based on my own experience and competence. In consideration of approval to participate in such activity, I and any personal representative, hold harmless, release and forever discharge Miles for Hope, their directors, officers, volunteers, agents, or trainees from any and all actions, causes of actions, claims, and demands for damages, loss or injury, resulting from or arising out of my participation in such activities. I also indemnify and save harmless Miles for Hope from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in such activities, by reason of damage to any and all property and any and all personal injuries, including death of others or myself. I also give permission to have my likeness, without compensation, published on Miles For Hope website social media outlets, and/newsletter. I HAVE READ, UNDERSTAND AND ACCEPT ALL OF THE ABOVE; I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE. IF I AM NOT 18 YEARS OF AGE OR OLDER, MY PARENT OR LEGAL GUARDIAN HAS READ, UNDERSTAND AND ACCEPTS ALL OF THE ABOVE AND WILL BE SIGNING ON MY BEHALF.</p>											
Signature _____				Date _____							

*Miles for Hope is a 501(c)(3) nonprofit, tax-exempt organization designated by the Internal Revenue Code.
Our tax identification number is 26-3429074.*

www.MilesForHope.org - Info@MilesForHope.org - 727-781-HOPE(4673) FAX: 727-781-6425

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