



# ONLINE REGISTRATION FORM

Twin Cities Lung Run/Walk • Saturday, 8/17/13  
Lake Calhoun - Thomas Beach, Minneapolis, MN

What would you like to register for?

Kid's Run (ages 5-12): 9:00am  5K Run: 9:15am  5K Walk: 9:30am

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

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

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate (MM/DD/YYYY) if under 18 years of age: \_\_\_\_\_

Are you participating on a team? Yes  No  Team Name: \_\_\_\_\_

T-Shirt Size Youth S  Youth M  Youth L

Adult S  Adult M  Adult L  Adult XL  Adult XXL

We will print the names of those you know diagnosed with lung cancer on the back of the 2013 t-shirt. Names must be received by **July 26, 2013** to appear on the t-shirt.

I am participating in honor -or- in memory of: \_\_\_\_\_

Are you a lung cancer survivor? Yes  No

ENTRY FEES ARE NON-REFUNDABLE. Adult Run/Walk: \$35.00 Kid's (5-12): \$15.00  
*Children under the age of 5 are free - no t-shirt provided*

Would you like to make an additional donation? Yes  No  Amount: \_\_\_\_\_

Total Amount Received: \_\_\_\_\_ Cash  Check

Charge my: Visa  Mastercard  Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

## WAIVER MUST BE READ AND SIGNED WITH ENTRY

*The undersigned, for myself, my heirs, my executors, administrators and assigns, do hereby release and discharge A Breath of Hope Lung Foundation and its sponsors from any and all claims, demands, actions and/or causes of actions of any kind or character for injuries or damages sustained by me arising out of my participation in this event, including pre- and post-event activities. I attest and verify that I am sufficiently physically fit to participate in this event, and that I have no medical condition that prevents me from safely participating. I give my full permission to use any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(All adults must provide a signature. If under 18, a parent or guardian must sign)*



A Breath of Hope  
Lung Foundation