

BIB NUMBER
(Office Use Only)

REGISTRATION FORM

**SUNDAY, AUGUST 20, 2017
9:00 A.M. WASHINGTON PARK**

Entry Fees	Early Registration	After July 15	Race Day
Adults	\$35	\$40	\$45
12 & Under	\$25	\$30	\$35
Sleep In 4 Research – t-shirt will be mailed	\$40	\$45	N/A

Return this form with your non-refundable registration.
Must be postmarked by Aug 10, 2017 Please make checks payable to:
 Cancer League of Colorado
 P.O. Box 3795
 Parker, CO 80134

Date of Birth (MM/DD/YYYY) _____ Age on Race Day _____
 Gender: Male Female

Event: 5K Run/Walk Sleep In 4 Research

I am a Team Captain Team Name (if applicable) _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Day Phone: () _____

Email(so we can send our Newsletter): _____

T-shirt size: Youth S Youth M Adult S Adult M Adult L Adult XL Adult XXL No Shirt -save the money
 for charity

Or

Fee amount Paid: \$ _____ .00

I am a cancer survivor.
 \$ _____

I can not participate but would like to make a
 \$ _____ donation to Race for Research.

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 signed registration form. Copies may be made of this form.