



BRINGING PEOPLE TOGETHER TO SUPPORT CANCER CARE AT EMERSON HOSPITAL

**REGISTRATION FORM**

Please fill out a separate form for each registrant.

**I am registering for (check one please):**

- 5k Walk .....\$35 if received by 4/19/19; \$40 if received by 5/15/19; \$45 after 5/15
- 5k Run (timed, ages 12 and over).....\$35 if received by 4/19/19; \$40 if received by 5/15/19; \$45 after 5/15
- Kids' Fun Run (1 mile, timed, ages 5-12).....\$15

Name \_\_\_\_\_ Age (as of 5/18/19) \_\_\_\_\_ Gender  M  F  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Team Name (if applicable) \_\_\_\_\_ Emerson Employee \_\_\_ Yes \_\_\_ No  
 Approximate pace/mile \_\_\_\_\_ Survivor? \_\_\_ Yes \_\_\_ No

I would like to make an additional donation of \$\_\_\_\_\_ (Will you consider a gift of \$20 in honor of our 20th anniversary?)

**Payment information (please do not mail cash):**

Please charge \$ \_\_\_\_\_ to my account  Visa  MC  Amex  Discover  
 Name on credit card \_\_\_\_\_  
 Credit card number \_\_\_\_\_ Exp. \_\_\_\_\_ CVV Code: \_\_\_\_\_  
 Signature \_\_\_\_\_

I am enclosing a check for \$\_\_\_\_\_ payable to Emerson Healthcare Foundation  
 Attn: Run~Walk for Cancer, Emerson Healthcare Foundation, 133 Old Road to Nine Acre Corner, Concord, MA, 01742

**⚠️ Roads will NOT be closed during the Run~Walk**  
 Waiver: I understand that participation in the event is potentially hazardous, and that a registered party should not participate unless they are medically able and properly trained. I understand that this event is held over public roads and facilities open to the public during the event and upon which hazards are to be expected. Participation carries with it certain inherent risks that cannot be eliminated completely. I understand and agree that in consideration of being permitted to participate in the event, I and my heirs, personal representatives or assigns of myself do hereby release, waive, discharge and covenant not to sue Emerson Hospital or The Town of Acton for any and all liability from any and all claims arising from participation in the event by me or any registered party. The participant consents to the use of any photos, film or videotape of the event for any purpose.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_  
 \* Participant's signature/Parent or Guardian's signature for participants under 18 years of age