



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 5/10/18; \$40 if received by 6/6/18; \$45 after 6/6
- 5k Run (timed, ages 12 and over).....\$35 if received by 5/10/18; \$40 if received by 6/6/18; \$45 after 6/6
- Kids' Fun Run (1 mile, timed, ages 5-12).....\$15

Name _____ Age (as of 6/9/18) _____ Gender M F
 Street _____ City _____ State _____ Zip _____
 Cell Phone (for race result text) _____ Email _____
 Team Name (if applicable) _____ Emerson Employee ___ Yes ___ No
 Approximate pace/mile _____ Survivor? ___ Yes ___ No

I would like to make an additional donation of \$ _____

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 Thoreau Club 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