

# 2016 BRAIN TUMOR AWARENESS CYCLE/RUN/WALK

REGISTRANT INFORMATION											
Last Name					First				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"/>				
Cell Phone Carrier (10k/5k only)	Alltel <input type="checkbox"/>	ATT <input type="checkbox"/>	Boost Mobile <input type="checkbox"/>	Nextel <input type="checkbox"/>	Sprint <input type="checkbox"/>	T-Mobile <input type="checkbox"/>	US Cellular <input type="checkbox"/>	Verizon <input type="checkbox"/>	Virgin Mobile <input type="checkbox"/>		
<b>Registration Fees:</b> includes t-shirt (if registered by 09/01/16), breakfast and lunch.  <b>Dual Challenge:</b> \$50 registration; \$55 after 9/01/16 The 5k Run/Walk will be first and then the 25k Cycle Ride. <b>Cycle Ride:</b> \$45 registration; \$50 after 9/01/16 <input type="checkbox"/> 100k <input type="checkbox"/> 50k <input type="checkbox"/> 25k <b>10-kilometer run:</b> \$35 registration; \$40 after 9/01/16 <input type="checkbox"/> Timed <input type="checkbox"/> Untimed <b>5-kilometer run:</b> \$35 registration; \$40 after 9/01/16 <input type="checkbox"/> Timed <input type="checkbox"/> Untimed <b>Fun walk:</b> \$35 registration; \$40 after 9/01/16 <b>5-kilometer run or Fun walk CHILD:</b> (up to 5 years old, does not include t-shirt): free <b>Virtual participant:</b> \$35 For those who are unable to attend ( t-shirt included; will be mailed to your address)											
			CASH				CHECK				CREDIT
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 _____											
<b>DONATIONS SHOULD BE MADE PAYABLE TO BRAIN TUMOR ALLIANCE</b> (put team name on check memo line) <b>PO Box 7607</b> <b>St. Petersburg, FL 33704</b>											
<small>I realize that by signing below I acknowledge and agree that participation in Brain Tumor Alliance 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 Brain Tumor Alliance. 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 Brain Tumor Alliance, 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 Brain Tumor Alliance 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 Brain Tumor Alliance 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.</small>											
Signature _____						Date _____					

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

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