



5K HONORING KRYSTAL

REGISTRANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Circle ONE Event – Please choose which event you would like to participate in 5k Walk/Run adult & youth \$25 5k Walk/Run Virtual - \$30							
Gender	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	Birth Date		____/____/____		
Circle Shirt Size:	Youth Lg	Adult Sm	Adult Med	Adult Lg	Adult XL	Adult 2XL	Adult 3XL
Event T-Shirt -	We must receive your registration along with payment 3 weeks before the event to guarantee that you receive an event T-Shirt. We will do our best to provide event T-Shirt to all participants that register after this time, these will only be available while quantities last and may not be in your size. *Children up to 5 do not receive event t-shirts						
Are you a Brain Tumor Survivor?	YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Registration amount from above	\$ _____						
I have included a donation in the amount of	\$ _____		All donations are tax deductible				
Total	\$ _____						
CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	CREDIT CARD		VISA <input type="checkbox"/>	MASTER CARD <input type="checkbox"/>	AM EX <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
	# _____	# _____	Exp. date _____				

WAIVER

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 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.

Signature _____ Date _____

ANY DONATIONS SHOULD BE MADE PAYABLE TO BRAIN TUMOR ALLIANCE
PO BOX 7607, ST. PETERSBURG, FL 33703

*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.*