



# SAVE THE BRAIN 5K

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 adult & youth** \$25

**5k Walk CHILD\* (up to 5)** \$0

**VOLUNTEER - \$0**

**Virtual Participant \$30** For those who would like to attend, but are unable, you can be with us virtually. You will still receive your t-shirt as well as have a fundraising page

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"/>
---------------------------------	------------------------------	-----------------------------

Although fundraising is not mandatory, it is an important part of the event. We do encourage all participants to fundraise for the event.

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 Hope Happens Here 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. No refunds unless the event is cancelled by Brain Tumor Alliance. 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 33704**

*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.*