7th Annual 1-Mile Walk
May 12, 2018
9:15 AM

Race Purpose: Crush Childhood Cancer sponsors this event combining a 5K competitive race, 1-mile family walk and family fun fair to fundraise for families of children battling cancer. Proceeds from registration fees and sponsorships will go directly to the families we are helping this year.

Location: Hope Community Church (150 E. Beidler Rd, King of Prussia, PA 19406)

Entry Fee: $40 per family*, if pre-registered or $45 on race day (cash or check only) * 1-5 related members

Amenities: Per family: 1 T-shirt and goodie bag (if registered by May 1st), water

Questions: Contact: crushchildhoodcancer@gmail.com or crush-childhood-cancer.org

"By indicating your acceptance, you understand, agree, warrant and covenant as follows: I know that running is a potentially hazardous activity. I should not enter or run unless I am medically able & properly trained. I also know that there will be traffic, debris, poor footing and other hazards on the course and assume the risk for running on it. I also assume any or all other risks associated with running or attending the race including but not limited to falls , contact with other participants, the affects of the weather, the conditions of the roads and getting lost, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the organizers of this event, all municipalities in which the owners of properties through which the race crosses, the race committee, volunteers, Crush Childhood Cancer staff, all other organizations directly or indirectly associated with this race, any or all sponsors including their agents, employees, assigns or anyone acting on their behalf, or anyone else associated in any way with this race, from all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of , my participation in this event. This waiver extends to all claims of every kind or nature whatsoever; foreseen or unforeseen, known or unknown.

Signature_____ (If under 18, parent or guardian signature) Date_____

Last Name

First Names

Email

Address:_____ City_____ State_____

Zip_____ Phone _____ Gender : M F Age on Race Day_____

Complimentary T Shirt Size: Youth M Youth L Adult S Adult M Adult L Adult XL Other_____

Additional shirts $8 per shirt. Please list number and size:_____

Make checks payable to Crush Childhood Cancer and Mail with this form to:

Crush Childhood Cancer
505 Jasmine Circle
Lansdale, PA 19446

Circle One: Team Addie Team Trey Team Mary Team Sabrina Team Julia
Team Sadie Team Dami Team Mikey Team Travis Team Luca
Team Kieran Team Shawn Team Olivia
Team Hannah *or* Where needed most