



# 9<sup>th</sup> Annual 1-Mile Walk May 9, 2020

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 April 1<sup>st</sup>.)

Questions: Contact: [crushchildhoodcancer@gmail.com](mailto:crushchildhoodcancer@gmail.com) or [crush-childhood-cancer.org](http://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 effects 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 \_\_\_\_\_

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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 Julia   Team Nicholas   Team Abbie  
Team Sadie   Team Dami   Team Mikey   Team Travis   Team Luca  
Team Kieran   Team Olivia   Team Hannah   Team Madison *or*  
Where needed most

