BT5K MICHIGAN BREAKTHROUGH FOR BRAIN TUMORS RUN & WALK
KENSINGTON METROPARK – MILFORD, MI
MAY 7, 2016 | PROGRAM - 9:00 AM | 5K STEP OFF - 9:30 AM

REGISTRATION FORM — **EACH PARTICIPANT MUST COMPLETE AND SIGN A REGISTRATION FORM**

_____ _____ _____
FIRST NAME LAST NAME TEAM NAME (if applicable)

_____ _____ _____ _____
ADDRESS CITY STATE ZIP

_____ _____
EMAIL ADDRESS (all event updates will be sent via email) PHONE (primary)

HOW DID YOU HEAR ABOUT THIS EVENT?
◯ Email ◯ Website ◯ Family/Friend ◯ Past participant ◯ Radio/Print ads ◯ Other

GENDER ◯ MALE ◯ FEMALE **DATE OF BIRTH** _____

ARE YOU A BRAIN TUMOR SURVIVOR? ◯ YES ◯ NO

WHAT IS YOUR CONNECTION TO THE FIGHT AGAINST BRAIN TUMORS?
◯ I am a brain tumor patient or survivor
◯ I have a friend or loved one that has/had a brain tumor, and I want to support them
◯ I want to run a 5K and do not have a connection to the brain tumor community
◯ I do not have a connection to the brain tumor community, but want to support a great cause
◯ Other:_____

ENTRY FEES

Adult Participant _____ x $40 = $ _____

Survivor Adult _____ x $35 = $ _____

Child Participant (ages 6-12) _____ x $20 = $ _____

Survivor Child (ages 6-12) _____ x $15 = $ _____

I am registering as a (circle one): **Runner** **Walker**

I am also registering these additional participants:

Name: _____ Run/Walk (Circle One)

Name: _____ Run/Walk (Circle One)

Starting a Team

Team Name: _____

Additional donation $ _____

TOTAL PAYMENT $ _____

T-SHIRTS

Youth Medium _____

Small _____

Medium _____

Large _____

X-Large _____

XX-Large _____

XXX-Large _____

Decline T-Shirt_____

*T-Shirts are not guaranteed for event day registrants

PAYMENT OPTIONS

◯ **Visa** ◯ **MasterCard**
◯ **American Express** ◯ **Discover**

_____ **Credit Card Number** *(Last 4 digits)*

Expiration Date _____/_____ **CV:**_____

_____
Signature of Card Holder (only 4 digits if swiped)

Check #'s _____
Make checks payable to: **ABTA**

Total Amount Charged: $_____

FOR OFFICE USE ONLY

Checks: _____ **Credit Card:** _____

Cash: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Walking and/or running a road race is a potentially hazardous activity. I should not enter to walk or run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I agree to assume full responsibility for all risks associated with walking or running in this event, including but not limited to: falls, contact with other participants, effects of the weather, traffic and conditions of the route. Having read this Release and Waiver and knowing these facts and in consideration of this entry, I hereby release, waive, discharge and covenants not to sue for myself, heirs, executors and administrators and waive any and all claims I may have for any loss, liability, damages, or costs against American Brain Tumor Association (ABTA), Board of Directors, its employees and agents, Kensington Metropark, the City of Milford, this event, High Altitude Special Events Management, and all sponsors and individuals associated with the event, their representatives and successors, and assigns for any and all injuries suffered by me in connection with this event, including pre- and post-event activities. I agree to indemnify and save and hold harmless the releases and each of the above mentioned entities/individuals. In the event that I must withdraw from the event for any reason, inclement weather or canceling of the event, I understand that the ABTA will not issue a refund or transfer my registration. Further, I hereby grant permission to ABTA and their authorized agents to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any lawful purpose. I have read this Release and Waiver of Liability and Indemnity Agreement and voluntarily sign it.

X _____ X _____
Participant's Signature Date If under 18, Parent or Guardian's Signature Date

QUESTIONS? **CALL: 800-886-1281** **EMAIL: events@abta.org** **WEBSITE: www.bt5k.org**

Please send completed forms to: *American Brain Tumor Association, 8550 W. Bryn Mawr Ave. #550, Chicago, IL 60631*