



1st Annual Cards to Beat Cancer 5K Run/Walk



The Bayhealth Cancer Institute's success depends on grants, fundraising efforts, and contributions from people like you

When: Sunday, November 27, 2016, 9 a.m. Rain or Shine. FREE Healthy Kids Run (10 & under) starts at 8:50 a.m.

Where: Wild Quail Country Club, 1 Clubhouse Dr. Wyoming, DE. Event starts and finishes at the pool house. Run/Walk through the beautiful residential and golf areas of Wild Quail Golf & Country Club.

Registration: \$20 until Nov 20; \$25 after and on event day. Registration opens 8 a.m. Make checks payable to Bayhealth Cancer Institute and mail to TriSports, 2772 Hazlettville Rd, Dover, DE 19904. Questions? Contact Ray at 302-674-3213/email Ray@TriSportsEvents.Com. Register online at TriSportsEvents.com.

Silent Hero: Can't make it to the event but would like to show your support? Register as a Silent Hero!

Awards: Awards to overall male/female and master winners, top 3 male/female runners in categories 10 and under through 70 & over in **10 year age groups** and top 3 male/female walk finishers. Ribbons to all Kiddie K finishers.

Amenities: Quality "Cards to Beat Cancer 5K" shirts to all registered participants. Post race festivities include free food, and beverage. Complete results and photos will be posted at TriSportsEvents.Com.

Benefits: Cancer can change a person's life forever. Bayhealth's Cancer Institute is committed to providing support for cancer patients and survivors throughout their treatment and recovery. Many of our programs exist because of the generous gifts of our patrons, and no donation is too small to make an impact. **To make a donation go to <https://www.youcaring.com/bayhealth-cancer-institute-642646>**

This a TriSports Events MyLaps Chipped Timed Production

ENTRY FORM

WAIVER AND RELEASE OF LIABILITY: I know that running/walking or rolling (wheelchair) in a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I assume all risks associated with running/walking this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, extreme cold, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry to participate in the Cards for Cancer 5K Run/Walk, I, for myself and anyone entitled to act on my behalf, waive and release TriSports Events Management, The Bayhealth Cancer Institute, Club Wild Quail LLC, The Town of Wyoming, The State of Delaware and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I hereby give my permission to the event organizers and sponsors to use my name and/or picture in any publication, broadcast, telecast or other account of this event without limitation or obligation of further compensation thereof. I fully understand that my entry fee is non-refundable or transferable. We discourage unofficial entrants, roller blades, and bicycles for the safety of all participants. I certify that I have read this waiver and release and fully understand its significance.

Age Day of Race _____ Sex: M F T-shirt Size: S M L XL XXL

Print Name: _____ Email: _____

Address: _____
(Street or P.O. Box) City State Zip

Phone: () _____ Circle One: 5K Run 5K Walk Silent Hero

Signature: _____

(All participants must sign waiver - Signature of guardian required if entrant is under 18)