

## 2017 RUN TO FIGHT CHILDREN'S CANCER REGISTRATION FORM

Last Name															First Name																								
Mailing Address																														Apt, Unit Or Suite #									
City																				State										Zip Code									
E-mail																																							
Day Phone															Alternate Phone																								
Birth Date (ex. 03/01/1980)															Age (on race day)																								

Sex ☐ M ☐ F    Shirt Fit\* ☐ Youth ☐ Adult    Shirt Size\* ☐ SM ☐ LRG ☐ MED ☐ XL ☐ XXL

\*Runner tech shirts are offered in adult (men's and women's) and youth sizes. Youth sizes are offered in S-XL.

### CANCER SURVIVORS WALK SIGN-UP

SIGN ME UP!

**FREE** for cancer survivors of all ages! It is an untimed, quarter-mile.

Cancer Survivor Name \_\_\_\_\_

Age \_\_\_\_\_ Years as a Cancer Survivor \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

### TEAMS

Team Name \_\_\_\_\_

### FEE SCHEDULE

#### 10K

\$35 through Jan. 31, 2017  
\$40 Feb. 1 – 28, 2017  
\$45 March 1 – 11, 2017

#### 5K

\$25 through Jan. 31, 2017  
\$30 Feb. 1 – 28, 2017  
\$35 March 1 – 11, 2017

#### EVENT CHOICES

(check all that apply)

- ☐ 10K  
☐ 5K  
☐ Cancer Survivors Walk

#### Make checks payable to:

Run to Fight Children's Cancer

#### Mail to:

GCU Foundation  
Run to Fight Children's Cancer  
3300 W. Camelback Road, Bldg. 26  
Phoenix, AZ 85017

TOTAL ENCLOSED

\$ \_\_\_\_\_

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against Grand Canyon University, Grand Canyon University Foundation and/or the sponsors of Run to Fight Children's Cancer (including the respective affiliates, employees, agents, officers, directors and shareholders of such officials and sponsors). Raceplace Event Systems, coordinating groups and any individuals associated with the event, their representatives, successors and assigns and will hold them harmless for any and all injuries or illness suffered in connection with said event. I certify that I am in good physical condition and capable of participating in this event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge that I am an amateur in such events. I also give permission for free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and full understand my own liability and do accept the restrictions. This entry is invalid unless signed by participant. If entrant is under 18 years of age, parent or legal guardian must sign below.

SIGN HERE

Signature of Entrant or Guardian \_\_\_\_\_ Date \_\_\_\_\_

GRAND PRESENTING SPONSOR:



OFFICIAL RADIO SPONSOR:



## GRAND CANYON UNIVERSITY FOUNDATION



## RUN TO FIGHT CHILDREN'S CANCER®

### 7TH ANNUAL 5K/10K & Cancer Survivors Walk SATURDAY, MARCH 11, 2017

Grand Canyon University  
3300 W. Camelback Road, Phoenix, AZ 85017

[runtofightcancer.com](http://runtofightcancer.com)



PROCEEDS BENEFIT:

