



Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State			ZIP	
Phone				E-mail Address			
Circle ONE Wave Time that you would like to participate in 8:00AM (Timed Wave) 8:15 8:30 8:45 9:00 (Survivor Run) 9:15 9:30am 9:45am 10:00am Party Only							
Gender		MALE		FEMALE		Birth Date ____/____/____	
Circle Shirt Size: YL S M LG XL XXL XXXL							
Are you a Brain Tumor Survivor?			YES		NO		Team Name:
Registration amount – Varies on date of registration. Party Only \$25.00 (day of \$30.00) I have included a donation in the amount of \$ _____ All donations are tax deductible Total \$ _____							
CASH		CHECK # _____		CREDIT CARD VISA MASTER CARD AM EX DISCOVER # _____ Exp. date _____ CVV: _____			
WAIVER							
I realize that by signing below I acknowledge and agree that participation in BrainWash entails the risk of personal injury. Such risks may include, but are not restricted to slips, falls, physical contact with other people, equipment or facilities, later accidents or abnormal climatic conditions. I accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, attendance and participation in activities provided by Brain Tumor Alliance. I accept my responsibility to abide by the laws of the country, to ensure that I have adequate medical coverage, protect personal possessions, and obey all the rules set out for athletic and recreation activities. I accept full responsibility for my level of participation and use of my equipment by exercising my judgment, based on my own experience and competence. In consideration of approval to participate in such activity, I and any personal representative, hold harmless, release and forever discharge Brain Tumor Alliance, the City of St. Petersburg, their directors, officers, volunteers, agents, or trainees from any and all actions, causes of actions, claims, and demands for damages, loss or injury, resulting from or arising out of my participation in such activities. I also indemnify and save harmless Brain Tumor Alliance from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in such activities, by reason of damage to any and all property and any and all personal injuries, including death of others or myself. We cannot be held responsible for acts of God including weather. NO REFUNDS. I HAVE READ, UNDERSTAND AND ACCEPT ALL OF THE ABOVE; I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE. IF I AM NOT 18 YEARS OF AGE OR OLDER, MY PARENT OR LEGAL GUARDIAN HAS READ, UNDERSTAND AND ACCEPTS ALL OF THE ABOVE AND WILL BE SIGNING ON MY BEHALF.							
Signature Date _____							
ANY DONATIONS SHOULD BE MADE PAYABLE TO BRAIN TUMOR ALLIANCE PO BOX 7607, ST PETERSBURG, FL 33704							