



I am registering to participate in TriCUREathon 2017

NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

COMPANY _____ PHONE _____ DOB _____

I AM PARTICIPATING IN

HONOR MEMORY OF _____ TEAM NAME _____

IF REGISTERING MORE THAN ONE PERSON PLEASE PRINT NAME, EMAIL AND DOB OF ADDITIONAL REGISTRANTS BELOW

NAME	EMAIL	DOB

REGISTRATION FEES registration per person \$10 Motorcycle Run or Fun Walk, \$15 Hike/Run, Kayak, Bike **OR** \$20 for two or more events

PREPAID ONLINE AT TRICUREATHON.COM IS ENCLOSED BY CHECK/CASH/CREDIT CARD (please circle one) **TOTAL REGISTRATION FEE AMOUNT** \$ _____

I'd like to make an additional event donation in the amount of **ADDITIONAL EVENT DONATION** \$ _____

Payment by check When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account

please make registration fees checks payable to:

Trish Pizzifred/Tricureathon

please make donation checks payable to:

CureSearch

Check # _____ Check Amount \$ _____

TOTAL AMOUNT PAID OR TO BE PAID \$ _____

Pay by Credit Card please note in addition to enclosing your credit card information here, you may also pay via credit card online at tricureathon.com or at checkin the day of the event.

card holders name _____

address (if different than above) _____

card number _____ **exp date** _____

EMERGENCY CONTACT: NAME _____ PHONE _____

ALT PHONE: _____ MEDICAL CONDITIONS EMERGENCY SERVICES WOULD NEED TO BE NOTIFIED OF _____

I understand that participating in the event can potentially be a hazardous activity presenting risk. For consideration of participation in the event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result. I, and anyone entitled to act on my behalf, waive and release from all claims and liabilities of any kind arising out of my participation even though that liability may arise out of negligence or carelessness on my part. I agree to hold harmless CureSearch for Children's Cancer, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and I understand that by participating in this event, photographs and video recording may be made of me. For consideration of participation in this event, I hereby give permission for my image, likeness and/or voice to be recorded for the purpose of possible inclusion in photo, video and/or audio products on behalf of CureSearch for Children's Cancer ("CureSearch"). I hereby grant an unrestricted, irrevocable, exclusive, royalty-free, world-wide, perpetual, sublicensable, assignable, license to CureSearch and their assignees and those acting with their permission to use, reproduce, edit, modify, publish and/or broadcast my image, likeness and/or voice and to use same in any and all medium, including the Internet, without any financial compensation, including for any commercial use. I acknowledge that CureSearch, in its discretion, may choose not to use my image, likeness and/or voice. I further understand that CureSearch is and shall be the exclusive owner of all right title and interest (including copyright) in and to the resulting materials. I understand that CureSearch withholds the right to dismiss anyone that may cause disturbance. I certify that I have read and understand the intent of this waiver and release.

SIGNATURE _____ DATE _____

MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN IF PARTICIPATE IS UNDER 18 YEARS OF AGE

Please bring completed entry form with registration fee (if not paid online) to Event Check-in on Event Day
If you preregistered online, please stop by registration and sign a preprinted copy of this form