PANCREATIC CANCER ACTION NETWORK

PURPLESTRIDE CHARLOTTE 2020

5K RUN AND FAMILY-FRIENDLY WALK

REGISTRATION / DONATION FORM

*YOU CAN ALSO REGISTER OR DONATE ONLINE AT **WWW.PURPLESTRIDE.ORG/CHARLOTTE***

PARTCIPANT/DONOR NAME_____BIRTHDATE ____/____/____ MALE ☐ FEMALE ☐

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE_____ E-MAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

TEAM NAME (OPTIONAL) _____

I WOULD LIKE TO REGISTER FOR THE EVENT:

☐ ADULT TIMED: $30 ($35 DAY OF)
☐ YOUTH TIMED*: $15 ($20 DAY OF)
☐ VOLUNTEER: FREE
☐ VIRTUAL STRIDER: FREE (PARTICIPANTS WHO FUNDRAISE FOR PURPLESTRIDE BUT ARE UNABLE TO ATTEND THE EVENT. T-SHIRT NOT INCLUDED.)
☐ ADULT UNTIMED: $25 ($30 DAY OF)
☐ YOUTH UNTIMED*: $10 ($15 DAY OF)
☐ SURVIVOR: FREE

*YOUTH REGISTRATION IS FOR AGES 3-12. CHILDREN AGES 2 AND UNDER ARE NOT REQUIRED TO REGISTER.

T-SHIRT SIZE (PLEASE CIRCLE) **ADULT:** S M L XL XXL XXXL **YOUTH:** S M L

I CANNOT ATTEND, BUT WOULD LIKE TO MAKE A DONATION

☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ $_____

PLEASE CREDIT THIS DONATION TO PARTICIPANT/TEAM (OPTIONAL): _____

WAIVER (ONLY SIGN IF REGISTERING FOR THE EVENT)

I hereby assume all of the risks of participating and/or volunteering in this activity or event and, on behalf of myself, all listed dependents, my and their families, heirs, successors, assigns, and anyone claiming any interest through us or on our behalf (the "Releasing Parties"), waive, release, indemnify, and agree to hold harmless the Pancreatic Cancer Action Network, event sponsors, venue and property management, event vendors, and all personnel and volunteers involved in or providing services relating to the activity or event (the "Released Parties") from and against any and all actions, suits, claims, damages, and liability (including attorneys fees and costs) (the "Released Claims") arising out of, or in any way in connection with, this activity or event, including but not limited to Released Claims related to personal injury, disability, death, property damage, and property theft, even if the Released Claims were caused by the negligence of the Released Parties or any other person. I am aware and am thoroughly informed of the inherent risks of participating in the activity or event. I understand that there are dangers and risks inherent in these activities, including risks of minor and serious personal injury, heart attack, stroke, paralysis, and death. I attest that I and all listed dependents, are in good health, have sufficiently prepared or trained for participation in this activity or event, have not been advised by a qualified medical professional to not participate in the activity or event or any similar activity or event, and that there are no health-related reasons or problems precluding participation in this activity or event. The Pancreatic Cancer Action Network will be videotaping and taking photographs at the activity or event. By registering for or attending the event, you grant permission to the Pancreatic Cancer Action Network (and its designees and agents) to utilize your image, likeness, actions and statements in any live or recorded audio, video, film or photographic display or other transmission, exhibition, publication or reproduction made of, or at, the event in any medium, whether now known or hereinafter created, or context for any purpose, including educational or promotional purposes, without further authorization or compensation. The Pancreatic Cancer Action Network is not responsible for any items lost or stolen at any time before, during or after the activity or event. I understand that I am fully responsible for all listed dependents for the duration of the activity or event and must accompany and supervise them at all times. I also agree that my entry fees (if any), once paid, are non-refundable. By signing this waiver, I acknowledge that I have read, agree to, and fully understand the terms of this waiver and agree thereto in consideration for Pancreatic Cancer Action Network allowing me to participate in this activity or event. I attest that I am authorized and have full authority to make this waiver on behalf of all listed dependents.

PARTICIPANT SIGNATURE_____ **DATE** _____/_____/_____

PAYMENT METHOD

☐ **CASH/CHECK** *Make checks payable to Pancreatic Cancer Action Network and include participant and event names.*

☐ **CREDIT CARD** *(All fields required.)*

PLEASE SELECT ONE: ☐ VISA ☐ MC ☐ AMEX ☐ DISC

CARD # _____ EXP. DATE ____/____/____

CID# _____ NAME AS APPEARS ON CARD_____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CARDHOLDER SIGNATURE _____ DATE ____/____/____

I'D LIKE TO MAKE AN ADDITIONAL DONATION TO THE PANCREATIC CANCER ACTION NETWORK OF $_____

TOTAL AMOUNT ENCLOSED OR CHARGED $ _____

MAIL FORM AND PAYMENT TO:

PANCREATIC CANCER ACTION NETWORK, ATTN: PURPLESTRIDE CHARLOTTE 2020
1500 ROSECRANS AVENUE, SUITE 200, MANHATTAN BEACH, CA 90266