

# Angels Among Us 5K Run & Walk of HOPE

Saturday, April 30, 2022

Durham, NC 27710

**REGISTRATION FORM:** Each participant must complete and sign a registration form, or register online at [www.angelsamongus.org](http://www.angelsamongus.org). **Mail in registration form before April 15, 2022.**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender:  Male  Female Age on April 30, 2022: \_\_\_\_\_ Are you a Brain Tumor Survivor?  Yes  No

T-shirt size: Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2X \_\_\_\_\_ Youth: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Team name or Team Captain \_\_\_\_\_

**ENTRY FEES:** Entry fee includes event T-shirt, beverage, and finisher ribbon.

\$ \_\_\_\_\_ 5K Run Adult (12 and up): \$40 (\$25 entry fee, \$15 charitable donation)

\$ \_\_\_\_\_ 5K Run Child (under 12): \$10

\$ \_\_\_\_\_ 5K Run & Walk of Hope: \$40 (\$25 entry fee, \$15 charitable donation)

\$ \_\_\_\_\_ Walk of Hope: \$30 registration (\$15 entry fee, \$15 charitable donation)  
Children 12 years and under are free.

\$ \_\_\_\_\_ Additional Donation

\$ \_\_\_\_\_ TOTAL PAYMENT

## PAYMENT OPTIONS:

**CREDIT:**  VISA  Mastercard

Card#: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

**CHECKS:** Make checks payable to: **Duke University – Angels** (Put Team Name on check memo line)

Mail to: Tisch Brain Tumor Center - Angels / DUMC Box 3624 / Durham, NC 27710

**Release & Assumption of Risk:** I, (print) \_\_\_\_\_ intend to participate in the Walk and Run to benefit The Preston Robert Tisch Brain Tumor Center at Duke. I understand that there may be certain dangers and exposure to physical injuries in pursuing this fundraising effort, and I hereby voluntarily assume all risk to myself and my property arising from my participation in this walk and run. I assume such risks regardless of their causes. In consideration of Duke University permitting me to participate in this fundraising effort, I will not hold the Sponsors of or Contributors to this event, The Brain Tumor Program, its Advisory Board, the Children's Hospital, Duke Health Systems, Inc., or their trustees, officers, agents or employees, in both individual and representative capacities, liable for damages for any injuries I might sustain while getting to, during, or while leaving this activity. I release, discharge, and hold forever harmless the aforementioned parties from any and all liabilities, claims, damages, or losses stemming from injury to person or property that arises from, or in any way relates to my participation in this activity. I have carefully read this Release and Assumption of Risk and fully understand its contents. I voluntarily sign it and realize that this will bind me, my heirs, and personal representatives. (Note that parent or guardian must sign if participant is less than 18 years of age)

Date \_\_\_\_\_ Signature \_\_\_\_\_