

Angels Among Us 5K Run & 3K Family Walk

Saturday, April 26, 2014

Durham, NC 27710

REGISTRATION FORM: Each participant must complete and sign a registration form, or register online at www.angelsamongus.org. **Mail in registration closes on April 14, 2014.**

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gender: Male Female Age on April 26, 2014: _____ 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: \$25 pre-registration (\$10 entry fee, \$15 charitable donation); \$30 on event day.
____ *Competitive Runner:* eligible for overall or age division awards & wear a chip for recording an official 5K time.
____ *Recreational Runner:* NOT eligible for awards, finishers can view their time on a digital clock at the finish line.

\$ _____ Family Walk: \$25 registration (\$10 entry fee, \$15 charitable donation)
Children 12 years and under are free.

\$ _____ Additional Donation

\$ _____ TOTAL PAYMENT

PAYMENT OPTIONS:

____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS EXPIRATION DATE ____ / ____

CREDIT CARD NUMBER _____

SIGNATURE OF CARD HOLDER _____

MAKE CHECKS PAYABLE TO: **DUKE UNIVERSITY – 14BT.** (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 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 _____