



TEAM OF CURES

PRE-REGISTRATION FORM

PLEASE CHECK THE RACE YOU ARE REGISTERING FOR:
\_\_ West Palm Beach \_\_ San Francisco \_\_ Atlanta \_\_ Boston
\_\_ Dallas \_\_ Tri State \_\_ Chicago \_\_ Twin Cities
\_\_ NY \_\_ Charlotte \_\_ Philadelphia \_\_ Washington
\_\_ Los Angeles

I WOULD LIKE TO REGISTER AS (Check One):

- ADULT RUNNER - \$30.00
ADULT WALKER - \$30.00
CHILD RUNNER (AGES 6-17) - \$15.00
CHILD WALKER (AGES 6-17) - \$15.00
TOT TROT (AGES 5 & UNDER) - \$5.00

PAYMENT METHOD

Credit Card: \$
Check: \$
(Circle one) Visa / MasterCard / Amex / Discover
(Please make check out to "The MMRF")
Card # / / /
Check #
Exp. Date: /
Signature:

First Name: Last Name:
Team Name (if applicable):
Address: City: State: Zip:
Telephone: Email:
Sex (circle one): M or F Date of Birth (for award category): / / T-shirt size (circle one): S M L XL XXL
Are you a (check one)?
Patient Patient Family Member Patient Friend Deceased Family/Friend Clinician Pharmaceutical Employee Other
If you are a patient, would you like to be recognized on Race Day with a special T-shirt? Yes (T-shirt size required above) No

Waiver: I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the state the event is being held in, Event 360 LLC, the Multiple Myeloma Research Foundation, and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post-race activities. I hereby grant permission to the MMRF and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event for any purpose. Date, time and location are subject to change. There will be a \$20 fee for all returned checks. No refunds. One registration form per participant, please.

Participant signature\* Date

\*If participant is under 18, parent/guardian signature

Please return to:
MMRF 5K Walk/Run Program | 383 Main Avenue 5th Floor | Norwalk, CT 06851 | Fax: 203-972-1259 | E-mail: races@themmrf.org