# 26th Annual American Cancer Society Kenosha Walk/Run

# Participant Registration Form

(*If you have not registered online,* please print and fill out the form completely - One person per form.)

Last Name: _____

First Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Team Name (if applicable): _____

☐ Male ☐ Female ☐ I am a cancer survivor

Age if under 18: ____ (required information)

Adult (13+) $25 prior to 3/17/14 $30 after Youth (12 and under) $15 prior to 3/17/14 $20 after

☐ 5K Run ☐ 5K Walk

Shirt Size: Youth S Youth M S M L XL 2XL 3XL No T-Shirt

Please complete and mail with payment to:
American Cancer Society
Attn: Kenosha Run/Walk
8317 Elderberry Rd
Madison, WI 53717

Questions: Contact Guy Gryphan at 608-662-7546 or guy.gryphan@cancer.org

Waiver: In consideration of being permitted to participate in the 26th Annual American Cancer Society Kenosha Walk/Run, I hereby for myself, my heirs, and my personal representatives assume any and all risks that might be associated with the event. I further waive, release, discharge, and covenant not to sue the American Cancer Society, its officers, employees, sponsors, organizers, volunteers or other representatives or agents or their successors and assigns or the owner of the site for the event or their respective officers, employees or other representatives or agents or their successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of me and/or my child taking part in the event and any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

**Participant/Guardian Signature** _____ **Date** _____