

KID'S CURE FOR CANCER 2008 REGISTRATION FORM



Kid's Cure for Cancer July 26. Mail in Deadline July 21.

Team Name (if applicable): _____ Bib #: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Age on Race Day: _____ Sex: M F

Company Name: _____

Email Address: _____

(Provide email address to receive your race results.)

5K RUN 5K WALK 1K FAMILY FUN RUN

Entries must be postmarked by July 21.

Please make check payable to: **Kid's Cure for Cancer**

Mail to: **Kid's Cure for Cancer, 3243 S. Niagara St., Denver, CO 80224**

ENTRY FEES: *before July 26* *July 26*

ADULT \$30 \$35

17 & UNDER \$15 \$20

65 & OLDER \$15 \$20

FAMILY 4 PACK* \$70 \$90

*(*2 Adults and 2 under 17 at same address.)*

HOME RUNNER \$30

*If you cannot make it on event day and would still like to support our safe clean home away from home for our kids with cancer, become a **HOME RUNNER**. Join a team or register online individually.*

Your t-shirt will be mailed to you post-event.

ADULT T-SHIRT SIZE: S M L XL

YOUTH T-SHIRT SIZE: S M

I do not wish to receive additional mail from Brent's Place.

WAIVER AND RELEASE: *(Please read and sign one form for each participant)*

I know that running a road race or participating in an organized walking event, regardless of the distance, includes an element of risk. I should not enter and participate in the 2008 Kid's Cure for Cancer (hereinafter "this event") unless I am medically able and properly trained. I also understand that, although police protection will be provided, both vehicle traffic and spectators may be present along the course and I assume the risk of participating under such conditions. I further assume any and all other risks associated with participating in this event including, but not limited to, illness, traveling to and from the event, falls, contact with spectators or other participants, the effects of weather (including temperature extremes and humidity) and the surface conditions of the roads and sidewalks, all such risks being understood and appreciated by me. Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, release and discharge the Brent Eley Foundation, The Downing Group, Inc. and any and all other sponsors, suppliers, agents, independent contractors, even though that liability may arise out of negligence or carelessness on the part of the persons or parties named in this waiver. I also understand and agree that any sponsor may subsequently use, for publicity or promotional purpose, my name or pictures of me participating in this event without liability or obligation due.

Signature of Participant: _____

Signature of Parent or Legal Guardian

(for participants under age 18): _____

*Complete and sign one form per person. Form must be filled out in black or blue ink.
We encourage you to duplicate this form and bring your friends!*