



# Amy's Ride/Run/Walk Registration Form

May 19, 2018  
Quakertown, PA

**A REGISTRATION FORM MUST BE COMPLETED FOR EACH INDIVIDUAL PARTICIPANT**

First Name:		Last Name:			
Address:					
City		State	Zip	Phone:	
Email:		Date of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Emergency Contact Name:		Emergency Contact Phone:			
<b>Shirt Size:</b> <i>One shirt per registrant if registered by 4/20;</i> <b>W=Woman</b> <b>M=Men</b> ___ W-Sml   ___ W-Med   ___ W-Lrg   ___ W-XL   ___ W-XXL    ___ M-Sml   ___ M-Med   ___ M-Lrg   ___ M-XL   ___ M-XXL					
<b>How did you hear about this event?</b> <input type="checkbox"/> Past Participant <input type="checkbox"/> Friend/Word of Mouth <input type="checkbox"/> Billboard <input type="checkbox"/> Cycling Club Listing <input type="checkbox"/> Radio/TV <input type="checkbox"/> Other <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Online Events Calendar <input type="checkbox"/> Church/Community Org <input type="checkbox"/> Poster/Event Card					
Event	Early Bird	After 3/20	Event Day	Qty	Total
3 Mile Walk – Adult - 16 and up	\$25	\$30	\$35		
3 Mile Walk – Child - 15 and under	Free	Free	Free		
5k Timed Run – Adult – 16 and up	\$30	\$35	\$40		
5k Timed Run – Child – 15 and under	Free	Free	Free		
22 Mile Bike Ride	\$45	\$50	\$55		
42 Mile Bike Ride	\$45	\$50	\$55		
Optional Donation for Pancreatic Cancer Research, Clinical Trials, Patient Support					\$
<b>TOTAL</b>					\$
<i>If paying by check, please make payable to: Pancreatic Cancer Cure Foundation, LLC          Mail to: Pancreatic Cancer Cure Foundation, Inc., P.O. Box 722, Quakertown, PA 18951</i>					
<b>Required Release and Agreement – ADULT (Release for Minors on 2<sup>nd</sup> Page or backside)</b> In consideration of the requested participation in Amy's Ride/Run/Walk Against Pancreatic Cancer (the "Event") and with the intent to be legally bound, the undersigned hereby: (a) releases Pancreatic Cancer Cure Foundation, Inc., along with other sponsors of cooperating and coordinating groups of the Event, and their respective officers, employees and agents, (collectively, the "Sponsors") from all liability for any harm, injury or death that the undersigned may suffer while participating in the Event; (b) agrees that if the undersigned is parent or guardian of a minor participating in the Event, the undersigned will indemnify and save harmless the Sponsors from any and all claims asserted by or on behalf of each such minor for any harm, injury or death that the minor may suffer while participating in the Event; (c) certifies that the undersigned and any minors registered by the undersigned are sufficiently fit physically and medically to participate in the Event and understand the physical exertion and risks inherent in participating in the Event; (d) agrees that the undersigned and any minors registered by the undersigned will follow all rules and instructions provided at the Event; and (e) gives permission, on behalf of the undersigned and any minors registered by the undersigned, to the Sponsors or those authorized by the Sponsors, to take, copyright, and publish photographs, video or other image capturing media of the undersigned and such minor in connection with this Event. <b><u>IN ORDER TO PARTICIPATE, YOU MUST AGREE TO THIS RELEASE OF LIABILITY.</u></b>					
<hr/> Print Name					
<hr/> Signature Required					
<hr/> Date					

**Parent/Guardian Consent Form and Liability Waiver On Behalf of Minor Children**

Parent/Guardian Name (Print): \_\_\_\_\_

Minor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F

Minor Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F

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\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date