



Amy's Ride/Run/Walk Registration Form

Saturday, May 21, 2022
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:		
Shirt Size: One shirt per registrant; Unisex Sizes: ___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large				
Are you a pancreatic cancer survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you hear about this event? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Past Participant <input type="checkbox"/> Church/Organization <input type="checkbox"/> Social Media <input type="checkbox"/> Internet/Website <input type="checkbox"/> Yard Sign <input type="checkbox"/> Online Event Calendar <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Rack Card/Poster <input type="checkbox"/> Billboard <input type="checkbox"/> TV/Radio				
Event	Before 5/21	Event Day	Qty	Total
5k Walk – Adult - 16 and up	\$35	\$37		
5k Walk – Child - 15 and under	Free	Free		
5k Timed Run – Adult – 16 and up	\$40	\$42		
5k Timed Run – Child – 15 and under	Free	Free		
22 Mile Bike Ride	\$55	\$57		
42 Mile Bike Ride	\$55	\$57		
Optional Additional Donation for Pancreatic Cancer Research, Clinical Trials, Patient Support				\$
TOTAL				\$
BIB#: _____		<i>If paying by check, please make payable to: Pancreatic Cancer Cure Foundation Mail to: Pancreatic Cancer Cure Foundation, P.O. Box 722, Quakertown, PA 18951</i>		
<i>If paying by credit card: Circle one: MC Visa</i>				
_____		_____		
Name as it appears on the card		Credit Card Number		
_____		_____		
Billing Address		Exp _____ CVV _____		
_____		_____		
City, State, Zip		Signature		
RELEASE AGREEMENT ON THE REVERSE SIDE MUST BE COMPLETED TO BE REGISTERED FOR THE EVENT				

Required Release and Agreement – ADULT (Release for Minors on 2nd Page or backside)

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.

IN ORDER TO PARTICIPATE, YOU MUST AGREE TO THIS RELEASE OF LIABILITY.

Print Name

Signature Required

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

Minor Name: _____ DOB: _____ Gender: M F

Minor Name: _____ DOB: _____ Gender: M F

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Signature (Parent or Guardian)

Date