



Donate online at www.CureBrainTumors.org

Online donations are the most efficient way to give! If you are unable to donate online, please mail or fax this completed form to:

Race for Hope - DC, c/o National Brain Tumor Society
55 Chapel Street, Suite 200, Newton, MA 02458

Donations made with credit cards can also be faxed to 617.924.9998.

*NOTE: Please allow **two weeks** for donations to appear on the participant's web page.*

Please print clearly.

DONOR INFORMATION

Name(s): _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____
(Never sold or exchanged)

DONATION INFORMATION

Please accept my donation of \$_____ for:

Individual Walker/Runner. My gift counts toward the fundraising total of this participant:

Individual's Name: _____

Team Name (if applicable): _____

Team. My gift to the team will be credited through the Team Captain:

Team Name: **Team BT (BethAnn Telford)** _____

The Race. My gift is for the Race For Hope - DC in honor of all participants.

Matching Gift: Increase your gift!

Does your employer match gifts? Please ask your HR department or manager about how to apply. The NBTS Tax ID#/EIN is 04-3068130.

PAYMENT TYPE

Cash

Check enclosed, payable to National Brain Tumor Society.

Charge my credit card \$_____

Circle one: Visa / Mastercard / American Express / Discover

Card #: _____ Exp. Date: _____ / _____ CVC #: _____

Please print name as it appears on card

Signature of Cardholder

PRIVACY POLICY

National Brain Tumor Society values the trust you place in us. We will not sell, trade, or share the personal information you provide to us through our website(s) or by participating in this event with anyone else, nor will we send donor mailings on behalf of another organization without your written permission to do so. To read our complete privacy policy, **visit www.braintumor.org/privacy.**

Please sign below to acknowledge the Privacy Policy.

Participant Signature or Parent/Guardian Signature (if Participant is under 18)

Date

Contact us at RaceDC@curebraintumors.org with any questions.

Rev 10/14/14

Please read and sign on the reverse.

WAIVER AND AGREEMENT TO RELEASE AND HOLD HARMLESS

In order to complete and confirm my registration to participate in the Race for Hope - DC 5K presented by National Brain Tumor Society (NBTS) and Accelerate Brain Cancer Cure (ABC2), I hereby affirm, acknowledge and agree to the following:

1. That I am an adult age 18 years or older registering myself as a participant of the Race for Hope - DC 5K; or that I am the parent/legal guardian consenting on behalf of a minor under the age of 18 who wishes to participate in this event and that I have the legal authority to act on his/her behalf.
2. That I assume all responsibility for any and all damages to, or the theft of, my personal property or any bodily injury (including death) that may occur to me, and further I assume responsibility for my property damage, and bodily injury (including death) that I may cause to others, in each case arising or resulting from, incident from, incident to, or as a consequence of, my participation in the Race for Hope - DC 5K presented by: NBTS and ABC2.
3. That I, for myself, my heirs, executors, and administrators, release and hold harmless from and waive all claims, damages and rights of action, present or future, whether the same or be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of my participation in the Race for Hope - DC 5K, which I may now or hereafter have against NBTS, ABC2, Cassidy Turley, Capital Running Company, USATF, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver.
4. I understand that participating in this event is a hazardous activity and I further attest and certify that I am physically fit and properly trained to participate in this event;
5. I acknowledge that I fully understand and agree to abide by all of the rules, guidelines, and requests that are listed under the ABOUT THE RACE tab of the event website.
6. I grant full permission to NBTS and ABC2 to use my name, voice and/or my picture in any broadcast, telecast, advertising promotion, or other account of this event.

I also understand that all donations processed are nonrefundable and nontransferable even if I do not participate in the event, or if due to extreme weather conditions and/or natural disasters, the event is cancelled.

PRIVACY POLICY

In order to complete and confirm my registration to participate in the Race for Hope - DC presented by National Brain Tumor Society (NBTS) and Accelerate Brain Cancer Cure (ABC2), I hereby affirm, acknowledge and agree to the following:

1. **Personal information:** We do not collect personally identifiable information from you unless you provide it to us voluntarily and knowingly. If you personalize a website, become a volunteer, order materials, request information, or donate, for example, we may collect the following information: first and last name, street address, city, state, zip code, telephone number, email address, and subject of inquiry. Personal information may be needed for certain optional online activities.
2. **Registration:** If you choose to create a profile to personalize the website (braintumorcommunity.org) to your needs by becoming a registered web user, we retain the preferences you select so that you will not have to reenter the information each time you access our website. You can access your profile by entering your username and password each time you use the website. When you register and create a profile, we may ask you to provide health information. This information is useful for event administration purposes. Further, if you elect to use our referral service to inform a friend about the site, we will ask you for your friend's name and address. We will store this information in order to send your friend a one-time email inviting him or her to visit the site.
3. **Contributions:** If you choose to donate to our organization, we maintain a record of your contribution. We collect standard credit card information (card number, card type, expiration date) and keep a record of your financial transaction. Credit card numbers are held only until the charge can be processed (usually several minutes) then the number is only available to NBTS Gift Processing for purposes of problem resolution.

Please review our full privacy policy online at www.braintumor.org/privacy

If you have any further questions, please contact BethAnn at
703.371.9055 or
teambt@verizon.net

Thank you for your support!