



# Pre-Event Registration

Please complete your registration for Race for Hope - DC by visiting at [www.CureBrainTumors.org](http://www.CureBrainTumors.org). If you are unable to register online, please mail or fax this completed form with payment received by April 21, to:

Race for Hope - DC  
 c/o National Brain Tumor Society  
 55 Chapel Street, Suite 200  
 Newton, MA 02458  
 617.924.9998 (fax)

Contact [RaceDC@curebraintumors.org](mailto:RaceDC@curebraintumors.org) with any questions. Complete one form for each person registering. Please print clearly.

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day: \_\_\_\_\_ Gender: F / M

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Never sold or exchanged)

Employer/Occupation: \_\_\_\_\_

Are you a brain tumor survivor? Y / N

Are you walking in honor or in memory of someone? (Circle one)

Would you be willing to share your story with the media? Y / N

**T-Shirt Size (circle one)**

ADULT: S / M / L / XL / XXL

YOUTH: S / M / L

## REGISTRATION INFORMATION

I am:

an individual walker/runner.

joining a team. My team name or captain is: **Team BT (BethAnn Telford)**

creating a team. My team name is: \_\_\_\_\_

I am registering as:

Walker/Untimed Runner ..... \$40

Timed Runner ..... \$45

Virtual Runner ..... \$40

Child: 5 and under (untimed) ..... \$20

Volunteer ..... Free

*Optional:* I wish to make an additional gift to the Race ..... \$ \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**

## PAYMENT TYPE

Total amount from above: \$ \_\_\_\_\_

Check enclosed, payable to Race for Hope - DC.

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

Please read and sign on the reverse.

## WAIVER AND AGREEMENT TO RELEASE AND HOLD HARMLESS

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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

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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](http://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](http://www.braintumor.org/privacy)

If you have any further questions, please contact BethAnn at  
703.371.9055 or  
[teambt@verizon.net](mailto:teambt@verizon.net)

Thank you for your support!