



FLORIDA BRAIN CANCER 5K
Offline Registration Form *(Please PRINT Clearly)*
 To Register ONLINE, Visit: www.fbc5k.org
 To Register By Phone, Call: 202-419-3144

Registration Information:

I would like to participate in the 2012 Florida Brain Cancer 5k to benefit Florida-based brain cancer research projects and collaborations. Please select appropriate registration type:

Early Registration *(thru March 15th)*

- \$30.00 – Adult Runner *(18+, CHIP-TIMED)* \$25.00 – Adult Walker/Non-Competitive Runner *(18+, NOT Chip-timed)*
 \$20.00 – Youth Runner *(under 18, CHIP-TIMED)* \$15.00 – Youth Walker/Non-Competitive Runner *(under 18, NOT Chip-timed)*
 \$25.00 – Virtual Walker *(participants who will NOT be present on Walk Day, but would still like to be part of a team and fundraise)*

Late Registration *(after March 15th)*

Add \$5.00 *(if registering after March 15th please add \$5.00 to the registration fee selected above)*

Team Information:

- I am registering as a Team Captain and creating a new team - Team Name: _____
- I am registering as a member of an existing team
 Team Name: _____ Team Captain Name: _____
- I am registering as an individual and not participating as a member of a team.

Participant Information:

Full Name: _____ Gender: _____ Birthday: _____
 Address: _____ City/State/Zip: _____
 Email *(for receipt purposes)*: _____ Phone: () - _____
 T-Shirt Size *(Circle One)*: Youth-S Youth-M Youth-L/Adult-S Adult-M Adult-L Adult-XL Adult-XXL

I am participating in the 2012 Florida Brain Cancer 5K:

- In celebration of the fact that I am a brain tumor survivor
- In honor/memory of a love one affected by a brain tumor

Payment Information *(credit card or check; Donations made with credit cards can also be faxed to 202-775-8513):*

Please Circle One: Visa MasterCard American Express
 Card # _____ Exp ____ / ____
 Name on Card: _____ Signature: _____

I would like to make an additional donation to help kick-off my fundraising: \$ _____

To pay by check please mail payment, made payable to Florida Brain Cancer 5K, along with this form to:

*Florida Brain Cancer 5K, c/o Accelerate Brain Cancer Cure
 1717 Rhode Island Avenue NW, Suite 700, Washington, DC 20036
 Receipts will be provided via email. Accelerate Brain Cancer Cure is a 501(c)(3) organization.
 Donations are tax deductible to the full extent of the law. Tax ID: 52-2320756.*

Liability Waiver must be signed before mailing: I know that running a road race is a potentially hazardous activity and that I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Florida Brain Cancer 5K, Accelerate Brain Cancer Cure, 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. Further I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes. .

Signature (parent or guardian if under 18) _____ Date _____