

Angels Among Us 5K and Family Fun Walk

Saturday, April 25, 2009

REGISTRATION

All participants (walkers and runners) must register for this event, either online (www.angelsamongus.org) or by completing this form and sending it along with your entry fee to Duke. This form may be copied for additional registrations. If you are a member of a team, please send your registration forms and entry fees to your team captain anytime before April 11th. **DO NOT MAIL donations or registrations after April 11th.** This will guarantee receipt and inclusion in team totals. Online registrations close April 19th. Online donations remain open, but we cannot guarantee the donation will be included in team totals after April 19th.

PAYMENT:

Entry fee includes T-shirt, finisher ribbons, kid prizes and activities. We encourage you to register online at www.angelsamongus.org or you can mail this form to us.

- 5K Run: Entry fee is \$25 for pre-registration and \$30 on event day.
Age (on 4/25/09): _____ Gender: M F (Circle)
- Family Fun Walk: Entry fee is \$25. Children 12 years old and under are free.

Make checks payable to: **Duke University – 09BT. Put Team Name on check memo line.**

Mail to: Preston Robert Tisch Brain Tumor Center at Duke “Angels”
DUMC Box 3624
Durham, NC 27710

Participant Name _____

Address _____

City _____ State _____ Zip _____

Email _____

T-shirt size: Adult: S ___ M ___ L ___ XL ___ 2X ___ 3X ___ Youth: S ___ M ___ L ___

Team name/captain _____

\$25 Registration (\$10 entry fee; \$15 charitable donation)

\$30 late fee (event day –5K runners only) (\$10 entry fee, \$20 charitable donation)

\$ _____ Additional Donation

\$ _____ Total Amount Enclosed

Release & Assumption of Risk

I, (print) _____ intend to participate in the Walk and Run to benefit The Preston Robert Tisch Brain Tumor Center at Duke. I understand that there may be certain dangers and exposure to physical injuries in pursuing this fundraising effort, and I hereby voluntarily assume all risk to myself and my property arising from my participation in this walk and run. I assume such risks regardless of their causes. In consideration of Duke University permitting me to participate in this fundraising effort, I will not hold the Sponsors of or Contributors to this event, The Brain Tumor Program, its Advisory Board, the Children’s Hospital, Duke Health Systems, Inc., or their trustees, officers, agents or employees, in both individual and representative capacities, liable for damages for any injuries I might sustain while getting to, during, or while leaving this activity. I release, discharge, and hold forever harmless the aforementioned parties from any and all liabilities, claims, damages, or losses stemming from injury to person or property that arises from, or in any way relates to my participation in this activity. I have carefully read this Release and Assumption of Risk and fully understand its contents. I voluntarily sign it and realize that this will bind me, my heirs, and personal representatives.

(note that parent or guardian must sign if participant is less than 18 years of age)

Date _____ Signature _____