

# Registration Form INDIVIDUAL OR TEAM MEMBER

Complete this section if you are part of a team (10 or more people).

**TEAM REGISTRATION FORMS MUST BE SUBMITTED WITH TEAM PACKET AND RECEIVED BY MARCH 24, 2017.**

Team Name:

Team Captain: first  last

Captain's Phone:

## MAIL REGISTRATION & PAYMENT

postmarked by March 27<sup>th</sup>

*Please make checks payable to:*  
Rio Grande Cancer Foundation

**Mail to:** 616 N Virginia St D, El Paso, TX 79902  
**Questions?** (915) 562-7660

## ONLINE REGISTRATION:

[www.OurColorsRunTogether.com](http://www.OurColorsRunTogether.com)

## ONE ENTRY FORM PER PERSON

*Incomplete or unsigned entries will not be accepted. Photocopies acceptable.*

First  MI  Last

Email

Address  Apt.

City  State  Zip

Phone  Date of Birth / /  Age  Sex (M or F)

## NON-COMPETITIVE

*Please note, if an event is not marked you will be placed in the 5k Non-Competitive*

- 5k non-competitive walk/run
- 1 mile fun run/walk
- Child non-competitive (5-12 years old)  
includes children's size t-shirts

## COMPETITIVE

- 5k competitive run
- male  female

## AGE

- 19 & under  20-29  30-39  40-49
- 50-59  60-69  70+

I would like to be recognized as a cancer survivor. *Type of cancer:* \_\_\_\_\_

Sign me up to receive RGCF email newsletter (provide email above)

## T-SHIRTS

Shirts are guaranteed to the first 5,000 participants who register. Requested shirt size may not be available at time of registration. If size is not available, the next larger size will be substituted.

*please select ONE size*

Adult sizes short-sleeved

- small  large  xxlarge
- medium  xlarge  xxxlarge

Children sizes short-sleeved

- small  medium  large

*Survivors will receive a survivor short-sleeved shirt.*

## ENTRY FEE (non-refundable)

*Please note that if mailing your registration form, it must be postmarked by March 27<sup>th</sup>*

- Non-Competitive \$30/ Race Day \$35 \_\_\_\_\_
- Competitive \$35/ Race Day \$40 \_\_\_\_\_
- Military Discount\* \$5 \_\_\_\_\_  
Current ID required non-competitive and competitive only. Limited number available.
- ID #: \_\_\_\_\_
- Child Non-Competitive \$15/ Race Day \$20 \_\_\_\_\_
- Sunday Snoozer \$35 \_\_\_\_\_  
(Shirt and bib will be mailed to you)
- Tax Deductible Donation \_\_\_\_\_

*\*Military discount sponsored by Western Refining*

**TOTAL \$** \_\_\_\_\_

## PLEASE READ & SIGN BELOW

**PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS**

I AGREE THAT ANY AND ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS, CONSENTS AND PERMISSIONS GIVEN BY ME HEREUNDER ARE GIVEN ON BEHALF OF ME AND ANY AND ALL OF MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP PARTICIPATING IN OR ATTENDING THE EVENT.

I give my consent and permission to the Rio Grande Cancer Foundation, its affiliates and races, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other records of me that are made during the course of this event (the "Event"); and (ii) the results of my participation in this Event (e.g., race time, name, participant number).

I understand that (i) my consent to these provisions is given in consideration for being permitted to participate in this Event; (ii) that I may be removed from this competition if I do not follow all the rules of this Event; and (iii) I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property.

I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE EVENT PREMISES (COLLECTIVELY, 'MY PARTICIPATION'). TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY, 'RELEASEES'), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) RIO GRANDE CANCER FOUNDATION AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; (II) ANY EVENT SPONSORS; AND (III) ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, THE 'RELEASEES'), FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION WITH MY PARTICIPATION. THIS RELEASE APPLIES TO ANY AND ALL LOSSES, LIABILITIES, OR CLAIMS I OR MY RELEASEES MAY HAVE ARISING OUT OF MY PARTICIPATION, INCLUDING BUT NOT LIMITED TO, PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY FALLS, CONTACT WITH AND/OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANIMALS, CONDITIONS OF THE EVENT PREMISES, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE.

This Photographic and Results Release and waiver and release of Claims (Collectively, the "Release") shall be construed under the laws of the State of Texas. In the event any provision of this Release is deemed unenforceable by law, (i) Rio Grande Cancer Foundation shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect.

I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Participant's Name \_\_\_\_\_

Participant's Signature (or Parent/Guardian, if under 18) \_\_\_\_\_

Date \_\_\_\_\_