

YOU CAN ALSO REGISTER OR DONATE ONLINE AT WWW.PURPLESTRIDE.ORG/NEWJERSEY

EVENT NAME _____

PARTICIPANT/DONOR NAME _____ BIRTHDATE ____/____/____ MALE FEMALE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

TEAM NAME (OPTIONAL) _____

I WOULD LIKE TO REGISTER FOR THE EVENT:

- | | | |
|---|--|--|
| <input type="checkbox"/> ADULT RUNNER*: \$30 (\$35 DAY OF) | <input type="checkbox"/> YOUTH (3-12) RUNNER*: \$15 (\$20 DAY OF) | <input type="checkbox"/> SURVIVOR: FREE |
| <input type="checkbox"/> ADULT RUN/WALK: \$25 (\$30 DAY OF) | <input type="checkbox"/> YOUTH (3-12) RUN/WALK: \$10 (\$15 DAY OF) | <input type="checkbox"/> VIRTUAL PARTICIPANT: \$35 |
| T-SHIRT SIZE (PLEASE CIRCLE) ADULT: S M L XL XXL XXXL YOUTH: S M L | | |

*TIMING CHIP INCLUDED

I CANNOT ATTEND, BUT WOULD LIKE TO MAKE A DONATION

- \$500 \$250 \$100 \$50 \$25 \$ _____

PLEASE CREDIT THIS DONATION TO PARTICIPANT/TEAM (OPTIONAL): _____

WAIVER (ONLY SIGN IF REGISTERING FOR THE EVENT)

I hereby assume all of the risks of participating and/or volunteering in this activity or event and, on behalf of myself, all listed dependents, my and their families, heirs, successors, assigns, and anyone claiming any interest through us or on our behalf (the "Releasing Parties"), waive, release, indemnify, and agree to hold harmless the Pancreatic Cancer Action Network, event sponsors, venue and property management, event vendors, and all personnel and volunteers involved in or providing services relating to the activity or event (the "Released Parties") from and against any and all actions, suits, claims, damages, and liability (including attorneys fees and costs) (the "Released Claims") arising out of, or in any way in connection with, this activity or event, including but not limited to Released Claims related to personal injury, disability, death, property damage, and property theft, even if the Released Claims were caused by the negligence of the Released Parties or any other person. I am aware and am thoroughly informed of the inherent risks of participating in the activity or event. I understand that there are dangers and risks inherent in these activities, including risks of minor and serious personal injury, heart attack, stroke, paralysis, and death. I attest that I and all listed dependents, are in good health, have sufficiently prepared or trained for participation in this activity or event, have not been advised by a qualified medical professional to not participate in the activity or event or any similar activity or event, and that there are no health-related reasons or problems precluding participation in this activity or event. I grant full permission for organizers to use photographs, video, quotations, and/or the likeness of myself and all listed dependents for legitimate accounts of this event and promotion of the Pancreatic Cancer Action Network. The Pancreatic Cancer Action Network is not responsible for any items lost or stolen at any time before, during or after the activity or event. I understand that I am fully responsible for all listed dependents for the duration of the activity or event and must accompany and supervise them at all times. I also agree that my entry fees (if any), once paid, are non-refundable. By signing this waiver, I acknowledge that I have read, agree to, and fully understand the terms of this waiver and agree thereto in consideration for Pancreatic Cancer Action Network allowing me to participate in this activity or event. I attest that I am authorized and have full authority to make this waiver on behalf of all listed dependents. **PARTICIPANT SIGNATURE** _____ **DATE** ____/____/____

PAYMENT METHOD

- CHECK** Make checks payable to Pancreatic Cancer Action Network and include participant and event names.
- CREDIT CARD** (All fields required.)
- PLEASE SELECT ONE: VISA MC AMEX DISC
- CARD # _____ EXP. DATE ____/____/____
- CID# _____ NAME AS APPEARS ON CARD _____
- BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____
- CARDHOLDER SIGNATURE _____ DATE ____/____/____
- CASH**

I'D LIKE TO MAKE AN ADDITIONAL DONATION TO THE PANCREATIC CANCER ACTION NETWORK OF \$ _____

TOTAL AMOUNT ENCLOSED OR CHARGED \$ _____

MAIL FORM AND PAYMENT TO:

PANCREATIC CANCER ACTION NETWORK
 ATTN: PURPLESTRIDE NEW JERSEY 2013
 1500 ROSECRANS AVENUE, SUITE 200, MANHATTAN BEACH, CA 90266