



Walk Run Survive 5K Registration

Name: _____

DOB: ___/___/___ Gender: _____

Phone Number: (____) - _____ - _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Registrant: Family Friend Other | Please Specify: _____

Shirt Size: S M L XL XXL

Registration Type: Adult (\$25) Child (\$15) Lung Cancer Survivor (Free)

I Am: Running the 5K Walking the 5K

Additional Donation Enclosed: \$ _____

I agree to the following:

In consideration of being permitted to participate in the Every Breath Counts Foundation (EBC) Walk Run Survive event, I hereby for myself, my heirs and personal representatives, assume any and all risks which might be associated with this event.

I further waive, release, discharge and covenant not to sue EBC Foundation, their officers, volunteers, sponsors, organizers or any other representatives or their successors and assigns for any and all injuries or damage of any whatsoever suffered as a result of taking part in the event and any related activities.

I also agree to the use of my likeness in any photo, film or videotape of this event for any purpose. Please note EBC reserves the right to cancel in extreme circumstances. Should there be a cancellation there will be no refunds issued, rather your entry fee will be used as a donation to the EBC Foundation for Lung Cancer.

X _____

(signature of registrant or parent/guardian of registrant)

Date: _____

Please mail this form, enclosed with a check, to:
P.O. Box 209, Somers Point, NJ 08244

Email race@everybreathcounts.net with any questions