



Wilhelmina E. Bell-Taylor
Race for Lung Life™
 5K RUN  WALK

 it's not just about smoking

April 4, 2009 RUN/WALK Registration Form

Please complete one registration form per person. Please print clearly and complete the form in its entirety.
Completed forms and payments may be mailed to: Race for Lung Life™ c/o Community Education Network, Inc., 7831 Woodmont Ave., Suite 378, Bethesda, MD 20814.

1. GENERAL INFORMATION [please print]

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Gender: F M Date of Birth: _____ Age: _____ *(you must be 18 years old to participate without the consent of a parent or legal guardian)*

Phone: _____ E-mail Address: _____

(Providing a valid e-mail address is important. Any race communications will be communicated via e-mail.)

T-Shirt Size: (circle one) S M L XL 2XL 3XL

How did you hear about Race for Lung Life? _____

- I would like to receive future information about Race for Lung Life
- I do not wish to receive future information about Race for Lung Life

Do you have a personal connection to lung cancer?

- I am a lung cancer survivor
- I just want to support lung cancer awareness
- I am a care giver
- I am a health practitioner/researcher/health advocate for lung cancer
- I have a relative or friend living with lung cancer

_____ **Please complete BOTH sides of this registration form.** _____



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2. REGISTRATION FEE

Please submit your non-refundable \$25.00 fee with this registration form.

Method of payment:

Enclosed check or money order made payable to the **Community Education Network, Inc.** (memo line: Race for Lung Life)

(Note: Credit Card payments will only be accepted with on-line registrations. There will be an additional \$3.25 on-line processing fee.)

If I am registering, I will be at least 18 years or older by April 4, 2009. I understand that during the event, minors 17 years of age or younger must be accompanied by a parent or legal guardian who is also a registered participant.

I understand that the \$25.00 registration fee submitted to the Community Education Network, Inc. is non-refundable and non-transferable, even if I do not participate in the event.

Print Name

Signature

Date

Complete both sides of the registration form and mail along with registration fee to:

**Race for Lung Life™ c/o
Community Education Network, Inc.
7831 Woodmont Ave., Suite 378
Bethesda, MD 20814**

3. WAIVER AND RELEASE OF LIABILITY AND PHOTO RELEASE AGREEMENT (PLEASE READ AND SIGN BELOW)

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race volunteer or medical official relative to my ability to safely complete the run. I assume all risks associated with running or walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including cold, snow and/or ice, 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 Race for Lung Life and the Community Education Network, Inc., its chair, committee chairs, and volunteer, the city of Silver Spring, MD and its employees, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

PHOTO RELEASE AGREEMENT

I understand that my name, photograph, picture, voice, or likeness (collectively "image") may be used for all promotional purposes related to the Race for Lung Life event, the Community Education Network, Inc. their successors and assigns, sponsors, beneficiaries, licensees, affiliates, and employees (collectively "grantees"). I hereby grant to the grantees the right to (i) use my image in promotional materials or for any other legitimate purpose, (ii) create composite or computer-manipulated materials from my image, (iii) use, reproduce, publish, exhibit, distribute, and transmit my image in any media, including but not limited to print material, television, film, internet, DVD, and CD-ROM, (iv) assign the above rights to third parties. I waive the right to inspect or approve my image or materials that incorporate my image. I understand that I will receive no compensation in connection with the use of my image. I release the grantees from any liability, damages, or claims resulting from the use of my image, including claims for libel or invasion of privacy. I understand and agree that the terms of this paragraph are binding to my heirs, assigns, and legal representatives.

I have carefully read this waiver of liability and Photo Release Agreement and fully understand its contents. I am aware that by signing this waiver and release of liability, I am waiving legal rights and knowing this, I sign it of my own free will.

I have read and agree to this waiver.

Signature

Date