



Strides for Hope 2017 Registration Form

Please complete this form and return to The Cancer Support Community along with your registration fee. The registration fee is non-refundable. Please make checks payable to The Cancer Support Community. Thank you for your support of The Cancer Support Community!

Name: _____

Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Fax: _____

E-mail: _____

Date of Birth: _____

T-Shirt Size: _____

I registered myself for the race: Yes _____ No _____

_____ **5K: \$100** _____ **Half Marathon: \$125** (circle one)

___ Check \$_____ payable to The Cancer Support Community is enclosed.

___ Please charge \$_____ to my ___ Visa ___ MasterCard ___ Discover

Card Number: _____

Expiration Date: _____

Signature: _____

Complete form and return to:
The Cancer Support Community - GLV
944 Marcon Blvd., Suite 110, Allentown, PA 18109
Phone: 610.861.7555 Fax: 610.861.9177

Strides for Hope Participant Information Form

Personal Information

Name: _____

Home Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____ E-Mail: _____

Employer: _____ Position/Title: _____

Work Address: _____

City/State/Zip: _____

Preferred Mailing Address: Home Work T-Shirt Size: _____

Age _____ (on race day) Date of Birth: _____ Sex: Male Female

In Case of Emergency: _____ Phone: _____

How did you hear about Strides for Hope: _____

Fitness Information

I will participate in the: 5K Half Marathon

I will be training to: Run Run/Walk

What has your approximate weekly running/walking miles been for the last 8 weeks:

Average miles per week: _____ Longest Run/Walk: _____

Estimated current running time: _____ 5K _____ 10K

Do you participate in any other athletic/sports activities? (please list) _____

Have you ever participated in a 5K or half marathon? Yes No

If yes, how many? _____ Best time? _____ Hours _____ Minutes

Do you have any specific goals for the 5K or half marathon? Yes No

If yes, they are: _____ Hours _____ Minutes

Please list any other information our trainers will need to know in order to design a personalized training program.

Health Information

Have you experienced any of the following health problems (check all that apply):

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Concussion/Seizures | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heat Stroke/Heat Exhaustion | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Trouble Breathing | <input type="checkbox"/> Abnormal Bleeding/Bruising | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Anemia |

Do you have any allergies: Yes No If yes, please list: _____

Do you take any medications: Yes No If yes, please list: _____

Have you had any athletic injuries: Yes No If yes, please list: _____

Please list any other health information our trainers should know.

Participant Waiver and Release

I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise program. I am participating in *Strides for Hope* voluntarily and I am aware of these risks and agree that my participation is at my own risk. I certify that I am physically fit and know of no restrictions imposed on me by my own physician or any physician that would in any way prevent me from actively participating in this exercise program.

I hereby agree that neither the Cancer Support Community of the Greater Lehigh Valley, nor its officers, directors, employees, agents, volunteers, representatives, successors, and entities, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the *Strides for Hope* training program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, liability, or causes of action for any reason that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in the program.

I understand that I may be photographed and I give my permission to use my name and/or photograph or video in any broadcast, telecast or print media account of the activities of the *Strides for Hope* program.

Participant Signature (or signature of parent or legal guardian if under age 18)

Date

Participant Commitment

I have paid my non-refundable registration fee and understand that this fee qualifies me as a member of the *Strides for Hope* Team and allows me access to all training functions. I understand that should I drop out of the program for any reason or am unable to complete the event; I am responsible for any expenses incurred by the Cancer Support Community on my behalf, and the organization is not required to refund, return or credit any donations received on my behalf or any personal funds I have contributed.

Participant Signature (or signature of parent or legal guardian if under age 18)

Date

Return completed form prior to start of training to:
Cancer Support Community of the Greater Lehigh Valley
944 Marcon Blvd., Suite 110, Allentown, PA 18109
610.861.7555
610.861.9177 (fax)

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, Racelt, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for my all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event. Email addresses will not be traded or sold but may be used to promote this event or any events sponsored by the Lehigh Valley Roadrunners or local Lehigh Valley non-profit races or organizations. E-mail addresses will be shared with the major sponsors of the race and St. Luke's University Health Network/St. Luke's Hospital.

Signature

Date