



## Strides for Hope 2018 Registration Form

Please complete this form and return to the Cancer Support Community along with your medical waiver. 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!

I am participating in the:    **5K**                      **Half Marathon**                      (circle one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

I registered myself for the race: Yes \_\_\_\_\_ No \_\_\_\_\_

**Registration fee: \$100 (will be credited toward you \$500 fundraising goal)**

\_\_\_ Check payable to the Cancer Support Community is enclosed. (See schedule of entry fees)

\_\_\_ Please charge \$\_\_\_ to my    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Complete form and return to:**  
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

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

## **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: \_\_\_\_\_

## **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* team. 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. 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 and mail 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