



Race Distance (Please circle): **5K**    **1 Mile**    **Kids Dash**    **Snooze for Dudes**

Team Name: \_\_\_\_\_ Bib Number: \_\_\_\_\_ Race Date: August 27, 2016

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Information (Name and Phone Number): \_\_\_\_\_

**How are you connected to prostate cancer?**

- I am a family member of a patient/survivor of prostate cancer
- I am a friend of a patient/survivor of prostate cancer
- I am a prostate cancer patient/survivor
- I am a family member of a loved one lost to prostate cancer
- I am a friend of a loved one lost to prostate cancer
- I am a medical professional
- I work in the medical community
- I have no connection to prostate cancer
- Other: \_\_\_\_\_

**Are you interested in volunteering in your local community with ZERO - The End of Prostate Cancer? (Yes/No)**

Card Holder's First Name: \_\_\_\_\_

Card Holder's Last Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code (on back of card) \_\_\_\_\_

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

Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Kids Cape

YM

YL

S

M

L

XL

XXL

XXXL

**No Shirt**, I'd like to donate the cost of my shirt to help end prostate cancer.

**Mail check** (made out to ZERO - The End of Prostate Cancer) and completed form to:

**ZPCR - CLEVELAND**  
 P.O. Box 320822  
 Alexandria, VA 22320

\* All price types (except Snooze for Dudes and Race Day Volunteer) will have a \$5 increase once online registration is closed for in person packet pick-up/race day registration.

TYPE	DESCRIPTION	FEE*
5K	All Ages	\$20
1 Mile	All Ages	\$20
Kids Superhero Dash for Dad	Kids (ages 0 – 9)	\$15
Snooze for Dudes	Participate virtually and sleep in to fight prostate cancer.	\$25
5K (Patient/Survivor)	ZERO's Heroes (Patient/Survivor)	\$15
Race Day Volunteer		Free

**Participant Waiver:**

I know that running/walking in a road race is a potentially hazardous activity and that I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including 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 the organizers of the ZERO Prostate Cancer Run/Walk - Cleveland, ZERO - The End of Prostate Cancer, SouthWest Urology, Hermes Sports & Events, City of Middleburg Heights, and all other sponsors or vendors, their representatives, all volunteers, and all their successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use my image, name and/or likeness as may be captured in any photographs, motion pictures, recordings, or any other record of this event for promotional and other legitimate purposes.

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