ZERO PROSTATE CANCER RUN/WALK

HARRISBURG • 2017

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

Team Name: _____ **Bib Number:** _____ **Race Date:** September 22, 2017

Participant First Name: _____ Participant Last Name: _____

Date of Birth: _____ Gender (M/F): _____ Email: _____

Age on Race Day: _____ 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 caregiver
_____ 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

____ WS
____ WM
____ WL
____ WXL
____ WXXL

____ MS
____ MM
____ ML
____ MXL
____ MXXL
____ MXXXL

_____ **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 - HARRISBURG
P.O. Box 320782
Alexandria, VA 22320

Additional Donation:
$_____

TYPE	DESCRIPTION	FEE*
5K	All Ages	$30
1 Mile	All Ages	$30
Kids Superhero Dash for Dad	Kids (ages 0 – 9)	$15
Snooze for Dudes	Participate virtually and sleep in to fight prostate cancer.	$35
5K (Patient/Survivor)	ZERO's Heroes (Patient/Survivor)	$20
1 Mile (Patient/Survivor)	ZERO's Heroes (Patient/Survivor)	$20
Race Day Volunteer		Free

* 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.

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 - Harrisburg, ZERO - The End of Prostate Cancer, Urology of Central Pennsylvania, Charm City Events, City Island, USATF, City of Harrisburg, 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: _____