

# ZERO PROSTATE CANCER RUN/WALK

**OMAHA • 2019**

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

Team Name: \_\_\_\_\_ Bib Number: \_\_\_\_\_ Race Date: May 18, 2019

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?**

- |  |  |
|--|--|
| <input type="checkbox"/> I am a family member of a patient/survivor of prostate cancer | <input type="checkbox"/> I am a caregiver                        |
| <input type="checkbox"/> I am a friend of a patient/survivor of prostate cancer        | <input type="checkbox"/> I am a medical professional             |
| <input type="checkbox"/> I am a prostate cancer patient/survivor                       | <input type="checkbox"/> I work in the medical community         |
| <input type="checkbox"/> I am a family member of a loved one lost to prostate cancer   | <input type="checkbox"/> I have no connection to prostate cancer |
| <input type="checkbox"/> I am a friend of a loved one lost 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
- XS
- 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 - OMAHA**  
P.O. Box 320831  
Alexandria, VA 22320

**Additional Donation:**  
\$ \_\_\_\_\_

TYPE	DESCRIPTION	FEE*
5K	All Ages	\$30
1 Mile	All Ages	\$15
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
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 - Omaha, ZERO - The End of Prostate Cancer, Adult Pediatric Urology & Urogynecology, True Time Racing, City of Omaha, 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: \_\_\_\_\_