

DR. SANFORD J. SIEGEL PROSTATE CANCER RUN/WALK

Race Distance (Please circle):

10K 5K 1 Mile Zumba Kids Dash Snooze for Dudes

Team Name: _____

Bib Number: _____

Race Date: September 22, 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): _____

___ 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.

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: _____

TYPE	DESCRIPTION	FEE*
5K	All Ages	\$30
1 Mile	All Ages	\$30
Kids Superhero Dash for Dad	Kids (ages 0 – 9)	\$15
10K	All Ages	\$40
Zumba	All Ages	\$30
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

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 - Baltimore, ZERO - The End of Prostate Cancer, Chesapeake Urology Associates, iRun Productions, Towson University, City of Towson, 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: _____

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

ZPCR - Baltimore
P.O. Box 320753
Alexandria, VA 22320

Additional Donation:

\$ _____

* 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.