

# Conquer Cancer 5k

April 25, 2020

Walk/Run will be at Noccalula Falls

1500 Noccalula Rd  
Gadsden, AL 35904



**All proceeds will benefit The American Cancer Society**

Race Day Registration/Package Pickup: 7:00-7:45

5K Race begins at 8:00 am

Race entry fee: \$25 (non-refundable)

*Make checks payable to American Cancer Society*

**Mail to:**

Conquer Cancer 5K

3155 Steele Station Rd, Rainbow City, AL 35906

**Shirt size (please circle)    YS   YM   YL   YXL   S   M   L   XL   XXL   XXXL**

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

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

Gender: Male or Female    DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_    Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Awards presented to the 1<sup>st</sup> 2<sup>nd</sup> and 3<sup>rd</sup> place overall for male & female age groups for 5K.**

As a participant in the American Cancer Society's and Choice Fabricator's Conquer Cancer 5K walk/run, I verify that I have read, understand and accept the terms of this waiver and release. My submission of this form shall act as my legal signature. I understand the nature of this event and the risk involved in participating in this event. I know that running and walking a race is a potentially hazardous activity. I understand that I should not participate unless I am medically able and sufficiently trained. I agree to abide by any decision of any race official concerning my ability to safely complete this event. I assume all risks associated with my voluntary participation in this event, including, but not limited to traffic and other conditions of the course, falls and contact with other participants and the effects of the weather, including extreme temperatures and precipitation. Knowing these facts, for, and in consideration of, my participation in this race, I for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not too sure and fully release and discharge Relay For Life of Etowah County, the American Cancer Society, The City of Gadsden, Choice Fabricators, race participants, race officials, workers, volunteers, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and waive them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage or expenses, including but not limited to death, personal injury, and property damage, whether foreseen or unforeseen, arising out of, or in the course of, my participation in this event. The above has been read by all participants and by signing this entry form, I understand and agree with all the terms of the waiver statement.

PRINT NAME: \_\_\_\_\_ SIGNATURE OF PARTICIPANT: \_\_\_\_\_

SIGNATURE OF GUARDIAN (IF UNDER THE AGE OF 18): \_\_\_\_\_