Event Registration Form for Save Your Breath - Augusta, Maine
5K RUN - WALK November 5, 2017
Register online at www.freemefromlungcancer.org

Name _____
Street Address _____
City _____ _____**State** _____ **Zip**_____
Phone _____

I will participate _____ **individually** _____ **Team** _____**Age** _____**Male** _____**Female**
Team Name (optional) _____

Please indicate T-Shirt Size Adult _____**Small** _____ **Medium** _____ **Large** _____ **X-large** _____ **XX- Large** ____ **XXX-Large** ____ **XXXX-Large**
Youth _____**Small** _____ **Medium** _____ **Large** _____ **X-Large** _____ **XX-Large**

A separate form for each registrant is required. PARTICIPANTS UNDER 18 MUST HAVE A PARENT OR GUARDIAN SIGN THIS FORM.

Online (closes November 4, 2017) $25.00 Children under 13 - $12.50
Mail-in (must be received by October 22, 2017) $30.00 Children under 13 - $15.00
Event day (November 5, 2017) (doors open at 7:00am) $35.00 Children under 13- $17.50
TEE SHIRTS CANNOT BE GUARANTEED FOR REGISTRATIONS RECEIVED AFTER OCTOBER 22, 2017.

Registration Fee $ _____
Additional Donation $ _____
Total Enclosed $ _____

Please check here if you would like to become a volunteer for future events _____

Please make check payable **to Free ME from Lung Cancer** and mail forms and payment to:
Free Me from Lung Cancer, Attn. Deb Violette, 176 Leavitt Road, Augusta, Maine 04330

WAIVER: This form must be signed and dated in order to participate in this event. In acceptance of this entry, I, the undersigned intending to be legally bound, hereby for me, my heirs, executor and administrators, waive and release all rights and claims for damages that I may have against **Free ME from Lung Cancer, Save Your Breath - Augusta 5K Fun Run-Walk, Kennebec Valley YMCA, the City of Augusta, Capitol Park, Kennebec Rail Trail** all supporters, sponsors, donors, their officials, representatives, successors, and assigns for all and any injuries suffered by me at this event on **November 5, 2017**, including pre and post event activities. Additionally I give my consent and free use of my name and image in any materials used to promote this event and future events sponsored by **Free ME from Lung Cancer**. I do attest and verify that I am physically fit and have sufficiently prepared for this event. Should the event be cancelled due to circumstances beyond the sponsors control or I am unable to attend the event it is understood that there will be no refunds. I further understand that I am responsible for my own safety and will adhere to all rules and regulations of this event as well as traffic and pedestrian laws. I further understand that bikes, roller blades and skate boards are prohibited in this event. **NOTE: IF PARTICIPANT IS UNDER 18 A PARENT OR GUARDIAN MUST SIGN THIS FROM.**

_____ **Date** _____
Signature

For more information contact Deb Violette at 207-215-9035 or visit www.freemefromlungcancer.org to register online.