



5th Annual
Have A Chance Walk
Registration Form
Sunday, October 17, 2010

(please print clearly & complete all fields on this form)

1. First Name: _____ M.I. _____ Last Name: _____

Email Address: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____

I am registering as a: Walker Volunteer I will be walking as a team: Yes No

Team Name: _____ Team Captain: _____

T-Shirt Size: S M L XL 2XL *All participants receive a t-shirt the day of the walk*

2. How many children under the age of 13 years old will you be bringing to the walk? _____
All participants 13 years or older are asked to submit their own registration forms.

3. Tell us where you first heard about the Have A Chance Walk for Brain Tumors:
 Your Company Brochure/Poster Community Group
 I participated last year Email Newspaper
 Internet Ad Medical Website Medical Professional

4. I am participating in honor of: _____ 5. I am a brain tumor survivor Yes No

6. I would like to share my story with the media: Yes No

7. I would like to get my fundraising started with a personal donation: \$ _____
Please make checks payable to "Have A Chance" and send to address in the upper right hand corner.

Credit Card #: _____ Credit Card Security Code: _____ Exp. Date: _____

Get started on the rest of your fundraising by downloading the "Donation Form" available on our website. (www.haveachancewalk.org) After you register, you should go online to find information and helpful tips on fundraising to reach your goal! There is no fundraising minimum for the event, however a suggested donation of \$75 is greatly appreciated. Once a donation has been mailed in or submitted online, the donation is NON - Transferable. Donations cannot be split among participants once they have been submitted.

8. I am unable to participate but enclosed is my tax deductible donation of \$ _____

9. Liability Waiver (your registration form cannot be processed without completed liability waiver)
***See Next Page

WAIVER AND AGREEMENT TO RELEASE AND HOLD HARMLESS

In consideration of being accepted as an entrant in the 2009 Have A Chance Walk to Fight Brain Tumors, I hereby affirm, acknowledge and agree to the following:

1. That I assume all responsibility for any and all damages to, or the theft of, my personal or any body (including death) injury that may occur to me, and further I assume responsibility for my property damage, bodily injury (including death) that I may cause to others, in each case arising or resulting from, incident to, or as a consequence of, my participation in the 2009 Have A Chance Walk to Fight Brain Tumors (Event) presented by: Have A Chance, Inc. (HAC) and The National Brain Tumor Society, Inc. (NBTS).
2. That I, for myself, my heirs, executors and administrators, release and hold harmless from and waive all claims, damages and rights of actions, present or future, whether the same or be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of my participation in the 2009 Have A Chance Walk to Fight Brain Tumors, which I may now or hereafter have against the HAC, NBTS and the City of New York and any and all sponsors, vendors and volunteers for said event, and the respective trustees, directors, employees and agents of all the foregoing:
3. I understand that participating in this Event can be a hazardous activity and further attest and attest and certify that I am physically fit to participate in this Event.
4. I grant full permission to HAC and to the NBTS to use my name, voice and photo, including any video taken at the Event (professional or amateur) for this and/or any other events sponsored by either of these organizations.
5. I understand that my personal information (name, address, phone number, email, donation amount) will be incorporated into the databases of both HAC and NBTS and may be used by either organization to communicate with me about their work in the brain tumor community; and that my information will be kept secure and confidential and will never be shared or sold without my written consent; and that I will have the option to unsubscribe at any time for any or no reason to any/all communications made by either organization.
6. I also understand that all donations are non-refundable and non-transferable even if I do not participate in this Event.
7. I have read and understand the forgoing WAIVER and AGREEMENT TO RELEASE AND HOLD HARMLESS and sign of my own free will.

By agreeing to this waiver, I certify that I am an adult, 18 years of age or older, registering myself or that I am the Parent/Legal Guardian consenting on behalf of my child who is registering for this event.

Signature of participant or parent/gardian of participant if under 18

Date