



# 4<sup>TH</sup> ANNUAL 5K RUN/WALK "DASH OUT FOR CANCER"

APRIL 14<sup>TH</sup>, 2018

EL PORTAL MERCED CANCER CENTER \*  
3303 M STREET \* MERCED, CA 95348  
(CHECK-IN TIME: 7:30 AM-8:15 AM)



**Registration Form**

One registration form is required per participant.

You can also register online @

[www.mercedcancersociety.org](http://www.mercedcancersociety.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

**Payment**

- \_\_\_\_ Adult registration **\$40.00**
- \_\_\_\_ Student registration **\$20.00**

**Sub-Total**

\$ \_\_\_\_\_

(For office use only: Rec'd by: \_\_\_\_\_ Payment type: cash / check# \_\_\_\_\_ credit card type: \_\_\_\_\_)

**Waiver:** I hereby declare, assert and affirm that participation in the *Annual 5K Run/Walk "Dash Out for Cancer"* is done having voluntarily and knowing assumed ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Event, specifically El Portal Merced Cancer Center, The Merced Cancer Society Foundation, Merced Union High School District, City of Merced, and, their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Special Event. I also understand that I do hereby WAIVE any and all rights or benefits under the State of California Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route/track.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Parent/Legal Guardian must sign if participant is under the age of 18.

Send your completed form and payment to: Merced Cancer Society Foundation, 3303 M Street, Merced Ca 95348 or you may hand deliver.

(Make checks payable to (MCSF) Merced Cancer Society Foundation)

For questions please contact us at 209-726-3410.



*Merced Cancer*  
Society Foundation  
*Support the Cause*

