



Oral Cancer Foundation Run Fundraiser Day Of Registration Form



Participant Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

Runner Fee: \$40 Age: _____ Gender: _____ Bib Number: _____

T-shirt Size (circle one): Small Medium Large XL 2XL

Do you want to be on a team? (Y/N) Team Name? _____

Payment Information

☐ Cash ☐ Check or Money Order - No. _____ **Make payable to The Oral Cancer Foundation

Credit Card (Check One) ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Cardholder Name: _____ Card Number: _____

Expiration Date: ____/____/____ Security Code: _____ Amount Paid: \$ _____

Billing Address (DO NOT LEAVE BLANK): _____

_____ Billing Phone Number: _____

I hereby state that I am the cardholder listed above or have been granted full rights to use this credit card by the cardholder. I authorize the Oral Cancer Foundation to charge the card in return for the products included in this order form.

Signed: _____ Date: _____

Event Waiver

ALL PARTICIPANTS MUST SIGN WAIVER BEFORE BEGINNING OF WALK.

In consideration of this entry being accepted, I hereby for myself, my heirs, executors and administrators waive and release any claims I may have against the organizers of this event, the venue of this event, the city and county of the event location, all sponsors, staff, officers, volunteers, successors and The Oral Cancer Foundation for any and all injuries and damages sustained and suffered by me in connection with my association with this event. I further state I am physically able to complete this walk/run to the best of my knowledge. As this event is being given in a public place, I understand that there may be members of the news media, event photographers, etc. present and taking pictures or filming while I am in attendance. If I am photographed or filmed, I agree to allow these images etc. to be used on the news, or in any other venue without limitation or reservation.

Signature of participant
(or parent/legal guardian if under 18)

Date