

Tie One On For



Prostate & Colon Cancer



Prostate & Colon Cancer Fundraiser Registration Form

PLEASE PRINT LEGIBLY

Name: _____ **Member:** Yes or No **Local#** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

Email Address: _____

Male: _____ **Female:** _____ **Age:** _____

Emergency Contact: _____ **Contact Number:** _____

Survivor: _____ **Sponsor:** _____

T-Shirt Size: please check one:

Small: _____ Medium: _____ Large: _____ XL: _____ 1X: _____ 2X: _____ 3X: _____ Other: _____

Registration: Check one

| | | <u>Day of Event Registration Times</u> | |
|-------|-------------------------------------|---|-----------------|
| _____ | 2 Mile Walkers: | \$25 (\$20 before 6/1) | Walkers 8:00 am |
| _____ | 5 Mile Runners: | \$35 (\$30 on 6/1) | Runners 7:30 am |
| _____ | 5, 15, 25 or 40 Mile Bikers: | \$50 (\$45 on 6/1) | Bikers 7:00 am |

Event:

2 Mile Walk: _____ \$25 5 Mile Run: _____ \$35 5, 15, 25 or 40 Mile Ride: _____ \$50

Signature: _____ **Date:** _____

Please complete the information on this form, make your check payable to:

Tie One On for Prostate and Colon Cancer Fundraiser

Please return application to:

Laborers' Local Union 413

222 Penn Street

Chester, PA 19103



Release and Waiver of Liability Form

Name: _____

Date of Birth: _____

Email Address: _____

Name of Deceased Loved One: _____

This agreement is by and between Laborers' Local Union 413 and the undersigned individual.

1. The undersigned individual, hereby agree that I am participating in the Tie One On for Prostate & Colon Cancer Awareness Fundraiser and acknowledge that this activity may cause physical injury and that I am fully aware of the risks involved and agree to hold harmless the Parties for any such present or future injury that may occur, related to this event.
2. I warrant that I have no physical/medical conditions that would prevent my participation in the physical activity.
3. I knowingly, voluntarily and expressly waive any and all claims that I may have for damages and injuries of every nature which occur as a result of my participation in the Tie One On for Prostate & Colon Cancer Awareness Fundraiser.
4. By signing this waiver, it is my intent to forever discharge and release Parties and its board members, from any and all liability for any and all injuries that may be sustained by me as a result of my participation in the Tie One On for Prostate & Colon Cancer Awareness Fundraiser are not responsible for loss of material, supplies, equipment, personal belongings, etc.
5. All cyclists are required to wear a helmet and Obey All Traffic Laws!! (NO EXCEPTIONS).
6. I understand that this waiver shall be binding upon my heirs, assigns and legal representatives.

I have read the above Release and Waiver of Liability and fully understand the contents thereof and voluntarily agree to the terms outlined herein. I am volunteering as a participant in the Parties, Tie One On for Prostate & Colon Cancer Awareness Fundraiser and I do hereby release unconditionally and forever, and indemnify and hold harmless the Parties, its directors, board members, sponsors, staff, employees and servants from any and all claims of damages directly or indirectly resulting from my participation in this Tie One On for Prostate & Colon Cancer Awareness Fundraiser, coordinated by Parties.

Print Name _____

Participant's Signature _____

Date _____

Parent's Signature _____

(For participants under 18)

Date _____

Laborers' Local Union 413
 222 Penn Street
 Chester, PA 19103

