



CELEBRATE LIFE SURVIVORS 5K RUN TEXAS ONCOLOGY-DENTON

SAVE THE DATE

OCTOBER 19, 2024 • NORTH LAKES PARK

Mark your calendar and be a part of the 4th annual **CELEBRATE LIFE SURVIVORS 5K RUN** presented by Texas Oncology-Denton and benefiting the Texas Oncology Foundation, Inc.

Individual and Team Registration available online at

<https://shorturl.at/5VbEs>

Questions? Call **940.380.7943** | Email Jill.Manderfeld@usoncology.com



GET INVOLVED!

- \$25 early-bird registration, by September 27
- \$35 registration after September 27
- \$15 kids registration (12 and under)
- *Event t-shirt guaranteed **only** to participants who register on or before September 27*
- Become an individual fundraiser and raise \$100
- Create or join a team fundraiser and raise \$100
- Register a team of 5+ runners and receive a \$5 discount per registrant

REGISTER TODAY AT:

<https://shorturl.at/5VbEs>

TEXAS  ONCOLOGY
FOUNDATION



CELEBRATE LIFE
SURVIVORS 5K RUN

CELEBRATE LIFE
SURVIVORS 5K RUN
OCTOBER 19, 2024
TEXAS ONCOLOGY-DENTON

REGISTRATION FORM

EVENT INFORMATION

Packet Pickup: **Friday, October 18** (3:00-6:00pm) at **Texas Oncology-Denton** (2600 Scripture Street)

Race Details: **Saturday, October 19 at North Lakes Park** (2001 W. Windsor Drive)

7:30AM Check-In Opens | 8:15AM Survivor Celebration Lap | 8:30AM 5K Begins

\$25 (on or before September 27) | \$35 (after September 27) | \$15 (Kids 12 and Under)

PARTICIPANT INFORMATION

Name: _____ DOB (required): _____ Gender: M F

Address: _____ City: _____ State/Zip: _____

Phone: _____ Email: _____

REGISTRATION INFORMATION

\$25 (on or before Sept. 27)

\$35 (Sept. 28 – Oct. 19)

\$15 (Kids 12 and Under)

T-Shirt Size: _____ (Adult Small – XXXLarge) *Event t-shirt guaranteed **only** to participants who register on or before Sept. 27

PAYMENT INFORMATION

Check enclosed made payable to "Texas Oncology Foundation"
(please note "Denton 5K" on the memo line)

Cash is enclosed

*If you would like to pay be credit card please visit
<https://shorturl.at/5VbEs> to register

Return Registration Form To:

Texas Oncology-Denton
Attn: Jill Manderfeld
2600 Scripture Street, Denton, TX 76201
or E-mail: Jill.Manderfeld@usoncology.com
(please include Denton 5K in the subject line)

WAIVER

IN CONSIDERATION OF MY BEING ADMITTED TO ENTER THE CELEBRATE LIFE SURVIVORS 5K RUN (THE "ACTIVITY"), I, FOR MYSELF, MY HEIRS AND ASSIGNS, PERSONAL REPRESENTATIVES, EXECUTORS AND ADMINISTRATORS, DO HEREBY FOREVER RELEASE, WAIVE, COVENANT NOT TO SUE, INDEMNIFY AND AGREE TO HOLD HARMLESS FOR ANY AND ALL PURPOSES TEXAS ONCOLOGY FOUNDATION, INC., RUNSIGNUP.COM, AND ALL OTHER SPONSORS, THEIR MEMBERS, OFFICERS, EMPLOYEES, AGENTS, OR VOLUNTEERS ("RELEASEES" AND/OR "INDEMNITEES") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH) OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, WHICH MAY OCCUR TO MYSELF, OTHER PARTICIPANTS, OR THIRD-PERSONS AS A RESULT OF MY PARTICIPATION AND CONDUCT IN THE ACTIVITY, WHILE TRAVELING TO AND FROM THE ACTIVITY, OR WHILE ON THE PREMISES OWNED, LEASED, OR CONTROLLED BY RELEASEES/INDEMNITEES, INCLUDING INJURIES SUSTAINED AS A RESULT OF THE SOLE, JOINT, OR CONCURRENT NEGLIGENCE, NEGLIGENCE PER SE, STATUTORY FAULT, OR STRICT LIABILITY OF RELEASEES/INDEMNITEES. I CERTIFY THAT I HAVE PREPARED MYSELF FOR THIS ACTIVITY AND THAT I AM IN ADEQUATE PHYSICAL CONDITION TO COMPLETE THE ACTIVITY. I AGREE TO FOLLOW ALL RULES FOR THIS ACTIVITY AND TO PERMIT MYSELF TO BE REMOVED FROM THE ACTIVITY, IF, IN THE OPINION OF TEXAS ONCOLOGY FOUNDATION OR RUNSIGNUP.COM, CONTINUING THE ACTIVITY WOULD ENDANGER MY HEALTH. I GRANT TO TEXAS ONCOLOGY FOUNDATION, INC., ITS REPRESENTATIVES AND EMPLOYEES THE RIGHT TO USE SHARED PHOTOGRAPHS AND VIDEO OF ME AND TO TAKE PHOTOGRAPHS AND VIDEO OF ME AND MY PROPERTY IN CONNECTION WITH THE ABOVE-IDENTIFIED ACTIVITY. I AUTHORIZE TEXAS ONCOLOGY FOUNDATION, INC., ITS ASSIGNS AND TRANSFEREES TO COPYRIGHT, USE AND PUBLISH THE SAME IN PRINT AND/OR ELECTRONICALLY. I AGREE THAT TEXAS ONCOLOGY FOUNDATION, INC. MAY USE SUCH IMAGES OF ME WITH OR WITHOUT MY NAME AND FOR ANY LAWFUL PURPOSE, INCLUDING FOR SUCH PURPOSES AS PUBLICITY, ILLUSTRATION, ADVERTISING AND WEB CONTENT.

Authorized Signature: _____

Printed Name : _____

Date: _____

