



# CELEBRATE LIFE SURVIVORS 5K RUN TEXAS ONCOLOGY-WEBSTER

## SAVE THE DATE

**OCTOBER 26, 2024 • UNIVERSITY OF HOUSTON-CLEAR LAKE**

Mark your calendar and be a part of the 2nd annual  
**CELEBRATE LIFE SURVIVORS 5K RUN** presented by Texas Oncology-Webster and  
benefiting the Texas Oncology Foundation, Inc.

Individual and Team Registration available online at  
**CelebrateLifeWebster.com**

### Questions?

Call **832.474.3093** | Email **Latricia.HigginsTaylor@usoncology.com**



### GET INVOLVED!

- Participate in the 5K Walk/Run
- Participate in the 1K Walk/Run
- Join us for the Survivor Celebration Lap

*Enjoy Early-Bird Pricing Now Through October 4!*

\*Event t-shirt guaranteed **only** to participants who register on or before October 4\*

- Become a fundraiser or donate
- Register a team of 5+ runners to receive a \$5 discount per registrant
- Dress up for the extra contests (details online)

**REGISTER TODAY AT:**

**CelebrateLifeWebster.com**

TEXAS  ONCOLOGY  
FOUNDATION



# CELEBRATE LIFE SURVIVORS 5K RUN

OCTOBER 26, 2024  
TEXAS ONCOLOGY-WEBSTER

## REGISTRATION FORM

### EVENT INFORMATION

Packet Pickup: **Friday, October 25** (3:00-6:00pm) at **Texas Oncology-Webster** (501 W. Medical Center Blvd)  
 Race Details: **Saturday, October 26 at University of Houston-Clear Lake** (2700 Bay Area Blvd, Houston, TX 77058)  
**7:30AM Check-In Opens | 8:15AM Survivor Celebration Lap | 8:30AM 5K Begins, Followed by 1K**  
 Registration Options: **5K Walk/Run** \$25 (on or before October 4) | \$35 (after October 4) | \$15 (Kids 12 and Under)  
**1K Walk/Run** \$15 (on or before October 4) | \$25 (after October 4) | \$5 (Kids 12 and Under)

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ DOB (required): \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### REGISTRATION INFORMATION

**5K Walk/Run:**     \$25 (on or before Oct. 4)     \$35 (Oct. 5 – Oct. 26)     \$15 (Kids 12 and Under)  
**1K Walk/Run:**     \$15 (on or before Oct. 4)     \$25 (Oct. 5 – Oct. 26)     \$5 (Kids 12 and Under)  
 T-Shirt Size: \_\_\_\_\_ (Adult Small – XXXLarge) \*Event t-shirt guaranteed **only** to participants who register on or before Oct. 4\*

### PAYMENT INFORMATION

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

\*If you would like to pay by credit card please visit  
**CelebrateLifeWebster.com** to register

**Return Registration Form To:**  
 Texas Oncology-Webster  
 Attn: Latricia Higgins-Taylor  
 501 W. Medical Center Blvd., Webster, TX 77598  
 or E-mail: Latricia.HigginsTaylor@usoncology.com  
 (please include Webster 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: \_\_\_\_\_

