

KERN COUNTY 
CANCER
RUN/WALK

Saturday, October 13, 2018 at Yokuts Park
REGISTRATION FORM – 1 Per Person

Full Name: _____

Team/Affiliation Name: _____ Corporate Challenge Fitness Challenge H.S. Challenge

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Day Phone: _____ Date of Birth: _____

Parent/Guardian Name (If under 18): _____

Parent/Guardian Email Address (If under 18): _____

Emergency Contact Name &Phone: _____

Are you a Cancer Survivor? Yes No Would you like to be timed? (For Ages 12+)

Cancer Survivors are FREE!

Shirt Size:

Youth: YS YM YL YXL Adult: S M L XL 2XL 3XL 4XL

Cancer Ribbon:

What Cancer Ribbon would you like to wear? (i.e. All Cancers, Lung Cancer, etc.) _____

Registration Fees: (Early Registration is before 9/14/18; Regular Registration is after 9/14/18)

Individual:	_____ Early Registration \$35	_____ Regular Registration \$40
Small Group (Less than 10):	_____ Early Registration \$35	_____ Regular Registration \$40
Large Group(10 or more):	_____ Early Registration \$30	_____ Regular Registration \$35
Student (Middle/HS):	_____ Early Registration *\$20	_____ Regular Registration *\$25 *Shirt will not be provided
Child Jog-A-Thon:	_____ \$10 (Age Group: <input type="checkbox"/> 3-7 yrs <input type="checkbox"/> 8-11 yrs)	
Cancer Patient/Survivor:	_____ FREE	

Payment:

_____ By Check

Mail checks payable to: CBCC Foundation
 Mail with this completed form to: CBCC Foundation for Community Wellness
 Attn: Kern County Cancer Run
 6401 Truxtun Ave. Suite 280 Bakersfield, CA 93309

_____ By Credit Card

Name on Card: _____ Card #: _____ Exp. Date _____

Billing Zip Code: _____ Security Code: _____

Don't forget Waiver must be signed by all registrants!

You can also register online at www.kerncountycancerrun.org.
 Registering online will allow you to easily tell
 your story of why you are participating in the run and fundraiser.
 There will be prizes for top fundraisers and awards for top finishers.
 For information or assistance please call the CBCC Foundation office at 661-862-7145

Waiver of Liability and Photo Release

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the Kern County Cancer Run, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The CBCC Foundation, the Board of Trustees of the CBCC Foundation, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted. REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. I am fully aware of the risks and hazards connected with the activities of the Kern County Cancer Run, and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me, I understand that the CBCC Foundation does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such and activities. WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorney’s fees that Releases may incur due to my participation in said activities. WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California and that any mediation, suit, or other proceeding must be filed or entered into only in California and the federal or state courts of California. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representation, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this agreement for full, adequate and complete consideration fully intending to be bound by same. I grant Kern County Cancer Run, as well as any and all its associates, representatives and assigns or its employees, the right to take photographs of me and my property in connection with the above identified subject.

I authorize by Kern County Cancer Run, its assigns and transferees, the right and permission to copyright, use and publish the same in print and/or electronically. I agree the Kern County Cancer Run may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this _____ day of _____, 201____.

Name: _____ Date: _____

(If under 18, the following signature is required.)

Parent or Guardian Signature: _____ Date: _____



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**JOG-A-THON PLEDGE FORM
 ONE PER STUDENT**

Pledges for: _____

Group or Affiliation: _____

On Saturday, October 13, 2018 at 9:30am I will be participating in the Kern County Cancer Run/Walk. I will have 15 minutes to complete as many laps as possible around the Jog-A-Thon course set up at Yokuts Park. The funds collected will go to the CBCC Foundation to help pay for pediatric transportation, gas cards, support programs, free cancer screenings and much more for local cancer patients. I hope you can help by sponsoring me. The top three fundraisers will receive a prize.

Sponsor Name	Phone Number	Pledge per Lap	(or) Flat Donation	Total Amount

Thank you for supporting the CBCC Foundation for Community Wellness and our Kern County Cancer survivors. Please make checks payable to: CBCC Foundation Tax I.D. # 77-0491071.

You will be contacted shortly after the event with the total number of laps completed. If you have any additional questions or concerns please contact Shannon at 661-862-7154 or email shernandez@cbccusa.com