

# Cancer Patients Alliance



Pancreatica is an initiative of the non-profit Cancer Patients Alliance aimed at forever changing the tragic relationship between human beings and pancreatic cancer.

## **Walk or Run To Fight Cancer !**

Please return completed and signed copies of these Registration Forms via mail or fax to:

Cancer Patients Alliance  
312 ½ Fountain Avenue  
Pacific Grove, CA 93950  
Fax: 831-658-0518

Feel free to contact us at 1-877-ToFightCancer (1-877-863-4448) or  
[participate@ToFightCancer.com](mailto:participate@ToFightCancer.com)

**Do some good - Multiply Yourself: recruit a friend or form a team !**

### ***Quote from one of our participants:***

*"It was such an awesome experience for our whole family to be given the opportunity to participate in such a great and meaningful event! We were happy to donate our time, money and efforts to such an incredible organization."*

# Pancreatica



## WalksandRuns

### REGISTRATION, WAIVER AND FUNDRAISING COMMITMENT FORM

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_

What event will you be participating in? (Please specify name and distance)  
 \_\_\_\_\_

What city is your event located? \_\_\_\_\_

Do you know of an organization that might support/sponsor our program? \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Birthday (month/date/year) \_\_\_\_\_ T-shirt Size (sizes are unisex) \_\_\_\_\_

Will you be walking or running? \_\_\_\_\_

What is your current walking/running level? Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Please circle the longest walk or run you have completed:

Marathon    Half Marathon    10 Miler    10K    5K    None

#### EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Emergency Contact's relationship to you? \_\_\_\_\_

#### HOW DID YOU HEAR ABOUT PANCREATICA WALKS AND RUNS? (please be as specific as possible as it helps us !)

<ul style="list-style-type: none"> <li><input type="radio"/> Direct Mail Piece</li> <li><input type="radio"/> E-Mail</li> <li><input type="radio"/> Brochure / Flyer / Poster (please circle)</li> <li><input type="radio"/> I am a past participant</li> <li><input type="radio"/> Family member or friend _____</li> <li><input type="radio"/> Company or College _____</li> <li><input type="radio"/> Expo booth (where) _____</li> <li><input type="radio"/> Radio (what station) _____</li> <li><input type="radio"/> Television (what station) _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Facebook or MySpace (please circle)</li> <li><input type="radio"/> Active.com _____</li> <li><input type="radio"/> Craigslist (what region) _____</li> <li><input type="radio"/> Internet (what site) _____</li> <li><input type="radio"/> Newspaper _____</li> <li><input type="radio"/> Magazine _____</li> <li><input type="radio"/> Store (name/state) _____</li> <li><input type="radio"/> Other _____</li> </ul>
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## WAIVER AND RELEASE FROM LIABILITY

I acknowledge that any fitness activities associated with the Cancer Patients Alliance's Pancreatica Walks and Runs Program, leading up to and including the Event(s) of my choice may be an extreme test of my physical and mental abilities. I hereby certify that I am fit to participate in any and all such activities and that such determination has been made by a qualified medical professional.

I acknowledge further that any and all such Event activities including possible associated receptions, carry with them the potential for harm -- both to myself and to my property, including but not limited to, loss of or damage to my possessions, bodily injury and death and / or that of others. I hereby certify that I understand and accept any and all risks associated with my participation in the Event(s), Reception and related activities, and I agree to release and hold harmless the Cancer Patients Alliance, any and all parties, third party trainers, other presenters and sponsors of the Event(s), any and all coaches or training programs for the Event(s) including without limitation, any trainer subcontractors and employees, and any and all Event(s) and related activity associated persons and/or entities, from and against any and all liability, for any and all harm to myself or to my property or others, that may arise from my participation in this program.

- I understand my physical condition levels and limits. I understand that there will be potential serious risks associated with my participation in the event(s) of my choice, even if I am in top physical condition.
- I understand that I have been encouraged to receive regular medical physical examinations prior to and during the duration of my participation for this event(s).
- I agree to adhere to the general guidelines of the Program and the Event(s).
- I understand that scheduling and/or content of the program may be changed on occasion due to circumstances beyond the control of the Event coaching and management staff.

I hereby consent to the use of my name, likeness, photograph, image reproduction, statements about and relating to the Cancer Patients Alliance's Pancreatica Walks and Runs Program in the website, printed materials, and radio and television broadcasts. I also understand my likeness or photographs and/or images based on my likeness may be edited or retouched.

I have read and fully understand this Waiver and Release from Liability, and these stated policies, and I agree to abide by the terms and conditions set forth herein.

I hereby affirm that I am eighteen (18) years of age or older, that I have read and I understand this document and its contents, and I certify the truthfulness and accuracy of the information I have provided herein.

X

Applicant Signature

Date

## FUNDRAISING COMMITMENT

The Cancer Patients Alliance (“CPA”) is a non-profit organization whose serious mission includes fighting pancreatic cancer and reducing barriers to clinical trials. CPA will have expended considerable effort and expense to arrange for the events for its Pancreatica Walks and Runs Program leading up to and including the Event(s) of my choice including such possible costs as personnel, registration fee (I understand I must purchase my own entry into the race/ event and will be reimbursed once the minimum is met), commemorative athletic shirt, gifts, prizes, marketing, materials, items and services for the event.

I understand that I am pledging to raise a donation minimum of \$1,200 and ideally \$2,400 or more for CPA via this event. I am committed to raising donations for CPA as provided in the respective schedules below.

(To Note: We understand that some people may get a later start than others; we greatly appreciate all efforts and will work with you if the timeline below does not strictly apply.)

For Walkers:

- **Stage I** – at least half by the Friday four weeks prior to the event date;
- **Stage II** – a minimum of \$1,200 by the Friday, one week prior to the event date.

For Runners:

- **Stage I** – at least one-third by the Friday eight weeks prior to the event date;
- **Stage II** – at least two-thirds by the Friday five weeks prior to the event date;
- **Stage III** – a minimum of \$1,200 by the Friday, three weeks prior to the event date.

If I have not raised the Stage levels by the above dates (or those agreed upon at my start date), I understand that I will no longer be entitled to the benefits of the program described above.

If I am not able to meet the fundraising deadlines by the dates outlined herein above, I will be given the option to quit or to choose another recommended path which includes receiving increased advice and help to improve my fundraising level. To continue in the program I will need to bring my level to the Stage appropriate amount.

I understand CPA will be providing me with a “Fundraising Guidelines and Tips” packet. I understand that the information in this packet is considered proprietary by CPA, and I agree that I shall utilize such information, including the items of the packet itself, solely for my own personal use and shall not disseminate this information, or use it commercially, or provide access to it to any and all other persons or organizations for any reason without the express written permission of CPA.

I have read and fully understand this Fundraising Commitment, and I agree to abide by the terms and conditions set forth herein. Further, I agree that any disputes in these matters shall be resolved by binding arbitration upon request of the aggrieved Party. The arbitration shall comply with and be governed by, the provisions of the American Arbitration Association, shall take place in the location of Monterey, California and shall be construed according to the laws of the state of California.

X

Applicant Signature

Date