

Fundraiser Registration Form

Please check all that apply:

☐ Individual Fundraiser ☐ Cancer Survivor

☐ Team Captain ☐ Team Member

Team Name: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

Registration fee:

Enclosed is my registration fee of:

☐ Walk Registration fee \$10

☐ Run Registration fee \$30. After 9/20/17 the run fee increases to \$40.

☐ I have registered on-line at www.umassmed.edu/cancerwalk

Gift is enclosed for \$ _____

☐ My company **will match my gift**. My matching gift form is attached or has been completed on-line. (Not sure? Check with your employer.)

Employer/Organization:

Address: _____

City/State/Zip: _____

Phone: _____

Complete this form and mail with your registration fee to:
UMass Medicine Cancer Walk & Run Office
333 South Street
Shrewsbury, MA 01545

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Donations may be mailed to:
UMass Medicine Cancer Walk & Run Office
333 South Street
Shrewsbury, MA 01545

Total \$ _____

Please make check payable to:
UMass Medicine Cancer Walk & Run

Waiver: In consideration of being permitted to walk/run, I, understand, intend to be legally bound hereby, for myself, my heirs, executors and assigns, waive and release any and all rights and claims for losses and damages I may have against UMass Medical School, UMass Memorial Health Care, and all other event sponsors and their respective representatives successors and assigns for any and all injuries suffered by me in said event. Further, I hereby grant full permission to any or all foregoing to use photography, videotapes, motion picture and other recordings of this event for any purpose whatsoever, and I release any rights to payment for such use.

For registrar use only:

Total Registration Fees \$ _____

Total Donations \$ _____

For office use only:

Cash \$ _____

Checks \$ _____

Total \$ _____