



REGISTRATION, WAIVER AND FUNDRAISING COMMITMENT FORM
WASHINGTON, DC – SUNDAY, OCTOBER 5, 2008
ARMY TEN-MILER

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

Employer _____

Do you know of an organization that may be willing to support or sponsor the Pancreatica Running Team? _____

Are you able to attend Washington or Baltimore training (running) sessions? Yes _____ No _____

-- If you are not able to participate in the training sessions, would you like to be part of our Distance training program (receive training schedule and other communications via email)? Yes _____ No _____

Sex (M/F) _____ Age (on 10/5/08) _____ T-shirt Size (sizes are unisex) _____

What is your current running level? Beginner _____ Intermediate _____ Advanced _____

Have you run a Ten-Miler or longer before? Yes _____ No _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

Emergency Contact's relationship to you? _____

HOW DID YOU HEAR ABOUT THE PANCREATICA RUNNING TEAM?

<ul style="list-style-type: none"><input type="radio"/> Direct Mail Piece<input type="radio"/> Brochure/Flyer<input type="radio"/> I am a past participant<input type="radio"/> Family member or friend _____<input type="radio"/> Expo booth _____<input type="radio"/> Radio _____<input type="radio"/> Television _____	<ul style="list-style-type: none"><input type="radio"/> Craigslist _____<input type="radio"/> Internet _____<input type="radio"/> Active.com _____<input type="radio"/> Store _____<input type="radio"/> Newspaper _____<input type="radio"/> Magazine _____<input type="radio"/> Other _____
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WAIVER AND RELEASE FROM LIABILITY

I acknowledge that any fitness activities associated with the defined Lorenzen Cancer Foundation's Pancreatica Running Team training program leading to and including the Army Ten-Miler scheduled for October 5, 2008 and the race celebration (all collectively hereinafter known as: "Event") 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 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. I hereby certify that I understand and accept any and all risks associated with my participation in the Event, and I agree to release and hold harmless Lorenzen Cancer Foundation, Pacers Running Store, other presenters and sponsors of the Event, and any and all coaches for the Event including without limitation, any trainer subcontractors and employees, and any and all Event associated persons and/or entities, from and against any and all liability, for any and all harm to myself or to my property, 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 this training activity, 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 training for this event.
- I agree to adhere to the rules and policies set forth by practice advice and guidelines, and by event facilities.
- I understand that scheduling and/or content of training workouts 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 Lorenzen Cancer Foundation's Pancreatica Running Team 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 Lorenzen Cancer Foundation (“LCF”) is a non-profit organization whose serious mission includes fighting pancreatic cancer and reducing barriers to clinical trials. LCF will have expended considerable effort and expense to arrange for the events for its Pancreatica Running Team leading up to and including the October 5, 2008 Army Ten-Miler in Washington DC and the race celebration (collectively, “ATM”), including costs of personnel, trainers, registration fee, commemorative running top, goodies gifts, prizes, marketing, materials, and items and services for the race celebration event.

I understand that I am pledging to attempt to raise donations of a minimum of \$1,200 and ideally \$2,400 for LCF via this ATM event. I am committed to raising donations for LCF as provided in the schedule below:

- **Stage I** – at least \$400 by Friday, August 15, 2008
- **Stage II** –at least \$800 by Friday, September 5, 2008; and
- **Stage III** –a minimum of \$1,200 by Friday, September 19, 2008

If I have not raised Stage levels by these above dates, I understand I will cease at that time to receive training and coaching services (and will no longer be considered a part of the Pancreatica Running Team), and will not receive the race entry registration, goodies gifts, prizes, commemorative running top, travel vouchers, access to the race celebration event, and other perks and services afforded participant Pancreatica Running Team members.

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 a recommitment path which includes receiving increased counseling, advice and help to improve my fundraising level. To continue in the program I will need to bring my level to the Stage appropriate date by cash, check, money order or credit card.

I understand LCF will be providing me with a “Fundraising Guidelines and Tips” packet. I understand that the information in this packet is considered proprietary by LCF, 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 LCF.

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, CA and shall be construed according to the laws of the state of California.

X

Applicant Signature

Date



PLEASE RETURN THE SIGNED COPIES OF THESE FORMS IN THE ENCLOSED ENVELOPE OR FAX:

LORENZEN CANCER FOUNDATION
312 ½ FOUNTAIN AVENUE
PACIFIC GROVE, CA 93950
FAX: 831-658-0518

CONTACT 1-877-647-0400 OR RUNNERS@PANCREATICA.ORG WITH ANY QUESTIONS