



REGISTRATION FORM

FOR TEAM NF AT SURVIVOR HARBOR 7 on 6/13/10

Please fill out the entire information below and send to: Team NF, NF Inc. Mid-Atlantic, 3600 Clipper Mill Road, Suite #240, Baltimore, MD 21211 or email signed and completed form to [teamnf@nfmidatlantic.org](mailto:teamnf@nfmidatlantic.org).

All fields are **REQUIRED**.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_\_ Age on day of race \_\_\_\_\_ Gender: M/F

Which race will you be participating in? Please circle: 7-mile Race 4- mile Race

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact Info. \_\_\_\_\_

Team NF T-shirt Size: S M L XL XXL

Would you like to honor the person for whom you are racing? Name of individual you are racing for who has NF \_\_\_\_\_

**I AGREE THAT I WILL RAISE AT LEAST \$50 TO COVER MY REGISTRATION AND DONATION TO NEUROFIBROMATOSIS, INC. – MID-ATLANTIC**

**Survivor Athlete Eligibility**

Survivor division eligibility includes those diagnosed with serious illness or accidents and those living with disease. This includes: heart disease, stroke, cancer, serious lung disorders, MS, HIV/AIDS, diabetes, other immune deficiencies, serious accident survivors or other serious illnesses. If you have questions on eligibility, email [webmaster@activesurvivors.org](mailto:webmaster@activesurvivors.org). Questions on eligibility will be addressed by the Active Survivors Network advisory committee. See [www.activesurvivor.org](http://www.activesurvivor.org) for more details.

**Runner/Walker Waiver**

I have full legal authority to complete this registration. If I am registering of parties other than myself, I am fully authorized by those parties to register on their behalf. In addition, I understand that the terms and conditions of this registration apply to myself and to all parties that I register. I know that walking a road race is a potentially hazardous activity. I should not enter and walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the walk. I assume all risks associated with walking, including but not limited to falls, contacts with other participants, the effects of the weather, including high heat and/or humidity, low temperature, traffic and conditions of the road, all risks being known and appreciated by me. Having read this release and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act in my behalf or on behalf, waive and release the Active Survivors Network/ NF Mid-Atlantic, and all sponsors of the race, the officers, persons assisting with the race, the Board Members, agents, servants, employees, and their successors and assigns of each and every of the above from all claims or liabilities of any kind arising out of my participation in the race even though the liability may arise out of negligence or carelessness of that part of the persons referred to in this waiver. I understand I may be photographed at this event or during related activities, and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the races and I will abide by this guideline.

**Name (signature required):** \_\_\_\_\_ **Date:** \_\_\_\_\_