



Name: _____
E-Mail: _____
Address: _____

Phone: _____
DOB: _____ Age: _____ M F

Race Information: Child \$15 Adult \$35
Check your Event:
100K Cycle 50K Cycle 25K Cycle
5K Run 2K Walk
Team (Register your team of 5 or more online to receive a \$5 discount per person)
Team Name: _____
Team Captain: E-mail CoachHepCancerChallenge@gmail.com to receive the discount code.

I am a cancer survivor:
Do you want to be recognized? Y N

Challenge T-shirt: Please note child or adult
Size: _____
Additional T-shirt (\$12) _____
Cycling Jersey (\$75) _____
Polo (\$35) _____

Donation in Memory of:
_____ \$ _____
Donation in Honor of:
_____ \$ _____

Mail Entry and Donations to:
Coach Hep Indiana Cancer Challenge
PO BOX 8074
Bloomington, IN 47407

Total Amount Enclosed: \$ _____
Make check payable to:
Indiana Cancer Challenge, Inc.
Would you like to volunteer?
E-mail CoachHepCancerChallenge@gmail.com

By signing below I understand and agree with the waiver on the reverse side of this application.
Participant Signature: _____ Date: _____
Guardian Signature: _____ Date: _____
(Guardian must sign for any participant under 18)

Run/Walk Waiver

You cannot run/walk without a signed Waiver, Release and Consent.

I hereby release and discharge, Coach Hep Indiana Cancer Challenge, Indiana Cancer Challenge, Inc and any associated organization (including but not limited to school districts, municipalities, churches, clubs, campgrounds, sponsors, volunteers, and any employee or associates thereof) their heirs, administrators, agents and employees, from any and all liability, causes of action, suits, debts, contracts, agreements, claims and demands whatsoever as a result of my participation in the Coach Hep Indiana Cancer Challenge event.

I understand that accidents, fatalities, serious bodily injuries and/or property damage can occur while participating in the Coach Hep Indiana Cancer Challenge event while running/walking on public roads or otherwise participating in said event. Knowing the risks involved, I agree to assume those risks and to release all of the persons or entities mentioned above from liability for any injury, death, illness or property damage occurring while participating in these events or in the travel to and from them.

I agree that I will use good judgment, be self-reliant and stop to request assistance if I am unsure of my ability to complete any segment of the event safely. In extreme situations I understand and agree not to wait for assistance exclusive to the support provided by Coach Hep Indiana Cancer Challenge. In the event of any injury or accident, I agree to notify the event leader, and consent to and permit emergency medical treatment.

I understand that if I leave before the posted starting time or travel a course different from the official route, I will not receive the services as published or advertised. I further agree to pay all fees associated with my participation in all or part of the event.

I give permission to Coach Hep Indiana Cancer Challenge, Indiana Cancer Challenge, Inc to use my name, photographs, motion pictures, recordings, evaluations or any other record of my participation in Coach Hep Indiana Cancer Challenge event(s) for any promotional purposes, without obligation or liability to me.

I have read and understand the above information for the Coach Hep Indiana Cancer Challenge and I certify my compliance by my signature and or initials. It is agreed that this complete Waiver, Release and Consent is binding on my heirs and assigns.

Cycle Waiver

You cannot ride without a signed Waiver, Release and Consent.

I hereby release and discharge, Coach Hep Indiana Cancer Challenge, Indiana Cancer Challenge, Inc and any associated organization (including but not limited to school districts, municipalities, churches, clubs, campgrounds, sponsors, volunteers, and any employee or associates thereof) their heirs, administrators, agents and employees, from any and all liability, causes of action, suits, debts, contracts, agreements, claims and demands whatsoever as a result of my participation in the Coach Hep Indiana Cancer Challenge event.

I understand that accidents, fatalities, serious bodily injuries and/or property damage can occur while participating in the Coach Hep Indiana Cancer Challenge event, while riding a bicycle on public roads or otherwise participating in said event. Knowing the risks involved, I agree to assume those risks and to release all of the persons or entities mentioned above from liability for any injury, death, illness or property damage occurring while participating in these events or in the travel to and from them.

I agree that I will use good judgment, be self-reliant and stop to request assistance if I am unsure of my ability to complete any segment of the event safely. In extreme situations I understand and agree not to wait for assistance exclusive to the support provided by Coach Hep Indiana Cancer Challenge. In the event of any injury or accident, I agree to notify the event leader, and consent to and permit emergency medical treatment.

I understand that if I leave before the posted daily starting time or travel a course different from the official route, I will not receive the services as published or advertised. I further agree to pay all fees associated with my participation in all or part of the event.

I attest that I am physically fit and have sufficiently prepared for the completion of the Coach Hep Indiana Cancer Challenge event(s) entered. I also agree to wear an ANSI, CPSC or SNELL approved bicycle helmet at all times when riding a bicycle during this event. I agree to have adequate medical insurance coverage for the duration of the entered Coach Hep Indiana Cancer Challenge event(s).

I attest that I will abide by the rules and regulations of these events and all applicable state, local and municipal laws, including vehicle laws. I understand Coach Hep Indiana Cancer Challenge, Indiana Cancer Challenge, Inc reserve the right to remove participants unwilling to ride in a safe manner or displaying unacceptable behavior and to change or cancel events. I further understand that I will not be reimbursed for airline fees due to change in itinerary or event cancellation or compensated for the theft of any personal gear, including bicycle.

I give permission to Coach Hep Indiana Cancer Challenge, Indiana Cancer Challenge, Inc to use my name, photographs, motion pictures, recordings, evaluations or any other record of my participation in Coach Hep Indiana Cancer Challenge event(s) for any promotional purposes, without obligation or liability to me.

I have read and understand the above information for the Coach Hep Indiana Cancer Challenge and I certify my compliance by my signature and or initials. It is agreed that this complete Waiver, Release and Consent is binding on my heirs and assigns.