



10th MIRACLES FOR MYELOMA Hybrid 5K Run/Walk
(Benefiting the International Myeloma Foundation)
October 15, 2022

PARTICIPANT REGISTRATION FORM

Registration \$30.00 before September 15. \$35.00 after September 15

Please check all that are applicable..

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | I WOULD LIKE TO REGISTER AS A In-Person WALKER/RUNNER | _____ |
| <input type="checkbox"/> | I WOULD LIKE TO REGISTER AS A VIRTUAL WALKER/RUNNER | _____ |
| <input type="checkbox"/> | I WOULD LIKE TO REGISTER AS A In-Person CHILD WALKER/RUNNER | _____ |
| <input type="checkbox"/> | I WOULD LIKE TO REGISTER AS A VIRTUAL CHILD WALKER/RUNNER | _____ |
| <input type="checkbox"/> | I WOULD LIKE TO MAKE A DONATION | _____ |
| <input type="checkbox"/> | I WOULD LIKE A REMEMBRANCE PATH | _____ |

First Name: _____ Last Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

City: _____ State: _____ Zip: _____

Sex: M or F

Shirt Size (Circle size): XXL XL L M S YS

I have enclosed my check or money order for \$ _____ for my registration fee, made payable to the

International Myeloma Foundation

I would like to pay my registration fee by credit card (Visa/MC/Amex/Discover/PayPal) "See Below"

**** Remembrance Path ****

Make a donation of \$25 to honor or to remember someone special with their name on a laminated placard and balloon
along our Remembrance Path on race day.

\$25 In Honor of: _____

\$25 In Memory of: _____

Donor name/Message should appear as: _____

Card # _____ Exp. _____

Cardholder Signature: _____

Waiver: By signing this form, "I agree with the terms and conditions" I acknowledge that that I understand its intent.

I know that walking/running in this type of activity can be a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with walking in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the course. All such risks being known and appreciated by me, having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against Oak Ridge Park, City of Clark, Miracles for Myeloma Committee and it's members, the International Myeloma Foundation and its employees, staff and Board of Directors, and all beneficiaries, sponsors, contractors and individuals associated with the event, their representatives and successors, and assignees for any and all sponsors and individuals associated with the event for any and all injuries suffered by me in connection with this event, including pre and post walk activities. By agreeing to this waiver I am stating I am COVID Negative at the in person event, vaccinated and will social distance at the in person event.

I hereby grant permission to the IMF and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event for any purpose.

There is a \$20 bounced check fee. No Refunds.

Participant Signature _____ DATE _____

If participant are under 18, parent/guardian signature: _____

Please return form and payment to: International Myeloma Foundation

4400 Coldwater Canyon Ave., Suite 300

Studio City, CA 91604

Attention: Suzanne Battaglia

