

19th Annual Crescent Beach Challenge

June 17, 2017



CrescentBeachChallenge.org

Registration Form*

Register Friday, June 16 at Kickoff Party
or Saturday, June 17 at Main Event



Leukemia-lymphoma.org

*All registered receive an event shirt and may participate in a race event

Name (*Last, First*) (1) _____

Additional family members (2) _____

(3) _____

(4) _____

(5) _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone _____

Registration donation*: \$30 per participant

Number registered above _____

Number of sponsorship exemptions _____

Net number of registrations _____ @ \$30 _____

Number of extra shirts (\$15 per shirt) _____ @ \$15 _____

Total enclosed \$ _____

Please make checks payable to the:

Leukemia & Lymphoma Society

WAIVER: In consideration of the acceptance of this entry, I hereby for myself, my heirs, and my personal representatives, assume any and all risks which might be associated with the event, and I further waive, release, discharge, and covenant not to sue The Leukemia & Lymphoma Society, Crescent Beach Challenge organizers, sponsors, and any other representatives or their successors or assigns for any injuries or damages of any kind whatsoever as a result of taking part in the event and any related activities.

Participant's Signature or Parent's Signature (if under 18)

Emergency Contact & Phone