



Registration Form  
 Delaware Ovarian Cancer Foundation  
 Teal Ribbon 5K to Fight Ovarian Cancer



(PLEASE PRINT)

**ENTIRE FORM MUST BE COMPLETED AND SIGNED TO PARTICIPATE  
 ONE FORM FOR EACH PARTICIPANT PLEASE**

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

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone (including area code) E-mail

How did you hear about this event? \_\_\_\_\_

Check One: Runner  Walker  Gender: M  F  Age \_\_\_\_\_

Individual Participant -OR-  Team Participant

Team Name: \_\_\_\_\_

T-shirt Size: S  M  L  XL  XXL  (limited quantity)

Ovarian Cancer Survivor:  Yes Year Diagnosed (optional) \_\_\_\_\_

**Registration Fees:** General  \$25 pre-reg; \$30 day-of  
 Student  \$20 pre-reg; \$25 day-of  
 Children under 5 years of age free (no T-shirt)

Please make checks payable to '**DOCF Fund at DCF**' and mail to:  
 Teal Ribbon 5K 701 Sweetleaf Drive, Wilmington, DE 19808

*Thank you for your support and generosity!*

Release Form: I, the undersigned, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for losses and damages I may have against the City of Wilmington, Riverfront Development Corporation, DOCF, Delaware Community Foundation, race directors, volunteers and sponsors for any and all injuries suffered by me in said event. I attest that I am sufficiently physically fit and have no medical condition that prevents me from safely participating herein. Further, I hereby grant my permission to any and all forgoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever.

\_\_\_\_\_  
 Signature of Participant Date

\_\_\_\_\_  
 Parent or Legal Guardian (if under 18) Date



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