



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



(PLEASE PRINT CLEARLY)

**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**' 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 Delaware Ovarian Cancer Foundation, the City of New Castle, Battery Park Trustees, St. Peter the Apostle Parish School, 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



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



(PLEASE PRINT CLEARLY)

**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**' 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 Delaware Ovarian Cancer Foundation, the City of New Castle, Battery Park Trustees, St. Peter the Apostle Parish School, 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