



Team "WIN-THE-FIGHT"
THE FIGHT AGAINST MELANOMA
 2012 Triathlon Charity Slot Registration Form

CONTACT INFORMATION

1) Please provide your contact information for all program e-mail & Team product mailings:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

EVENT INFORMATION

2) In which event would you like to participate? (mark with - X):

- ___ Apr. 29 – IronGirl 13.1 Half Marathon (\$85 Registration)
- ___ May 20 – Columbia Triathlon (\$150 Registration USAT-member; \$160 non-USAT)
- ___ June 10 – EagleMan Ironman 70.3 Triathlon (\$275 USAT-member; \$285 non-USAT)
- ___ Aug. 19 – Athleta IronGirl Triathlon (\$135 USAT-member; \$145 non-USAT)

TEAM APPAREL

3) Using the following chart, please provide your size for your custom Team race tri or tank-top.

(Team Race apparel- triathlon top):

WOMEN	X-Small	Small	Medium	Large	X-Large	XX-L
Chest	30-32"	32-34"	34-36"	36-38"	38-42"	--
MEN						
Chest	--	36-38"	38-40"	40-42"	42-44"	44-46"

Women (Mark with XS, S, M, L or XL, or as desired, note specifically a "men's" size):

Top Size: ___

Men (Mark with S, M, L, XL or XXL):

Top Size: ___



“Team WIN-THE-FIGHT”
Joanna M. Nicolay Melanoma Foundation
255 Clifton Blvd., Suite 203
Westminster, Maryland 21157
PH: (410) 857-4890
FAX: (410) 871-9031
Email: team@winthefight.org
Web: www.melanomaresource.org

4) What role does skin cancer or, specifically, melanoma skin cancer – have in your life?

(Mark all that apply with - X)

- I've personal experience with or been a patient for non-melanoma skin cancer.
 I have melanoma and/or am a melanoma survivor.
 I've family or friends that have:
 been a non-melanoma skin cancer patient.
 melanoma or are melanoma survivors.
 died from melanoma.
 I'm a healthcare practitioner or researcher in the skin cancer and/or melanoma field.
 I have no connection to skin cancer or melanoma.
 I prefer not to respond to any skin cancer/melanoma experience questions.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of participating on the Joanna M. Nicolay Melanoma Foundation's Team "WIN-THE-FIGHT" ("the Team"), I assume I am qualified, in good health, and in proper physical condition to participate in the Team's activities. I fully understand that risks of serious bodily injury which may be caused by my own actions, or inactions, those of others participating in events in which the Team participates, the conditions in which the events take place, or the negligence of "RELEASEES" named below; and, that there may be other risks either known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation. I hereby release, discharge, and covenant not to sue the Joanna M. Nicolay Melanoma Foundation, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, and if applicable, owners and lessors on which the Team activities or events take place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused, in whole or in part, by the negligence of the RELEASEES or otherwise; and I further agree that if despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, save and hold harmless each of the RELEASEES from any loss, liability, damage, or cost which any may incur as the result of such claim. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I Agree to the Above Waiver

Signature:

Date:

I acknowledge that I am willing to donate the difference between my fundraising total and the \$500 fundraising minimum pledge (in addition to the applicable race registration fee), if I have not raised the full commitment of fees/donations, at minimum, **45-days prior to the event** I will forfeit my intended race slot and all monies raised as donations to the Joanna M. Nicolay Melanoma Foundation. By initialing below, I agree to fulfill my commitment to the Foundation to raise the minimum for the "Team" charity fundraising program by the deadline noted.

Participant Initials:

Date:

Please both sign & initial above, and fax or mail your Registration to the JMNMF c/o Team "WIN-THE-FIGHT; or scan/pdf and email to: team@winthefight.org