

Registration and/or Donation Form

I would like to register for Superheroes Unite! I would like to donate to Superheroes Unite!

Event City: _____ Team Name: _____

Name: _____ Phone: _____

Company: _____ E-mail: _____

Home Address: _____

City/State/Zip: _____ Date of Birth: _____

T-shirt Size (participants raising \$100 or more will receive a Superheroes Unite! T-Shirt): _____

My Donation is in Honor or in Memory of _____

If registering more than one person, print name, email and date of birth of additional participants not listed above.

NAME	EMAIL (adults only):	Shirt Size	DOB
Total Donation:			\$
Payment Type and Total Amount Enclosed: (Circle one: Cash Check Credit Card)			\$

Kindly make all checks payable to: CureSearch for Children's Cancer Check Number: _____

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account.

Credit Cardholder's Name: _____

Cardholder's Address (if different from above): _____

Credit Card Number: _____ Exp. Date: _____

I understand that participating in the event can potentially be a hazardous activity presenting risk. For consideration of participation in the event, I freely accept and voluntarily assume the risks of personal injury or property damage that may result. I, and anyone entitled to act on my behalf, waive and release from all claims and liabilities of any kind arising out of my participation even though that liability may arise out of negligence or carelessness on my part. I agree to hold harmless CureSearch for Children's Cancer, corporate sponsors, cooperating organizations and all parties connected with this event from any liability as a result of my participation. I will permit emergency treatment in the event of injury or illness while participating and I understand that by participating in this event, photographs and video recording may be made of me. For consideration of participation in this event, I hereby give permission for my image, likeness and/or voice to be recorded for the purpose of possible inclusion in photo, video and/or audio products on behalf of CureSearch for Children's Cancer ("CureSearch"). I hereby grant an unrestricted, irrevocable, exclusive, royalty-free, world-wide, perpetual, sublicensable, assignable, license to CureSearch and their assignees and those acting with their permission to use, reproduce, edit, modify, publish and/or broadcast my image, likeness and/or voice and to use same in any and all medium, including the Internet, without any financial compensation, including for any commercial use. I acknowledge that CureSearch, in its discretion, may choose not to use my image, likeness and/or voice. I further understand that CureSearch is and shall be the exclusive owner of all right title and interest (including copyright) in and to the resulting materials. I understand that CureSearch withholds the right to dismiss anyone that may cause disturbance. I certify that I have read and understand the intent of this waiver and release.

Signature: _____ Date: _____

*** Must be signed by a parent or legal guardian if participant is under age 18.**

**Please return completed form and payment to: CureSearch for Children's Cancer, 4600 East West Highway,
Suite 600, Bethesda, MD 20814 or fax it to (301) 718-0047**

You should receive a written acknowledgement of your donation to CureSearch in the mail.
If you do not receive one, please contact us at donorservices@curesearch.org or (800) 458-6223.