

Waiver and Commitment Form
2019 AACR Philadelphia Marathon



Thank you for joining Team CCF on behalf of the Cholangiocarcinoma Foundation.
Please read, review, and initial the Waiver and Commitment Form. As a Team CCF member in the 2019 AACR Philadelphia Marathon, I understand and agree to the following:

Fundraising Requirements

_____ As a Team CCF member I will set a minimum fundraising goal of \$1,000 if I run the Marathon, \$500 if I run the Half Marathon, or \$250 if I run the 8k to support all individuals affected by cholangiocarcinoma. I will do my best to achieve at least that amount.

_____ I also understand that Team CCF is an important fundraising initiative of the Cholangiocarcinoma Foundation, and if I run in the 2019 Philadelphia Marathon and my best fundraising efforts do not result in the minimum being raised, as stipulated by this waiver, then the Cholangiocarcinoma Foundation is authorized to charge any shortfall to my credit card appearing on the bottom of this waiver.

Cholangiocarcinoma Foundation will provide fundraising guidance and online tools to help you meet (or exceed!) your individual fundraising goal.

General Requirements

_____ Costs for registering to run in the event will be covered by the Cholangiocarcinoma Foundation and TeamCCF. It is the participant's responsibility to complete the registration forms using the supplied discount code. The race registration is separate from any fundraising-related forms.

Injury Clause

_____ In the event that I must withdraw from the race for any reason, I understand that I am still responsible for paying one-half of the minimum fundraising amount.

Waiver and Release of Liability

_____ I acknowledge that I have voluntarily agreed to participate as a Team CCF runner in the 2019 Philadelphia Marathon. I agree that I and/or my heirs, guardians, legal representatives, successors, distributes, and assignees will not make a claim against, sue, attach the property of, or prosecute the Cholangiocarcinoma Foundation or any of its affiliated organizations, staff, Board or agents for any losses, injury, death or property damage occurring to me as a result of my participations (either directly or indirectly) in any of the activities related to training and running with Team CCF whether caused by negligence of the Cholangiocarcinoma Foundation or otherwise.

Select Event: _____ Marathon (\$1,000 min) _____ Half Marathon (\$500 min) _____ 8k (\$250 min)

Signature: _____ Date: _____

Name on Credit Card _____

Card Number _____ 3/4 digit CVC _____

Card Expiration Date _____ Card Type MC VISA AMEX DISC

Address _____ City _____

State _____ ZIP _____ Country _____ Shirt Size _____

Email _____

Home Phone _____ Cell Phone _____

cholangiocarcinoma foundation

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