

Waiver and Commitment Form
2020 Kaiser Permanente Colfax Marathon



Thank you for joining TeamCCF on behalf of the Cholangiocarcinoma Foundation. Please read, review, and initial the Waiver and Commitment Form. As a TeamCCF member in the 2020 Kaiser Permanente Colfax 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 Urban 10 or 5k to support all individuals affected by cholangiocarcinoma, I will do my best to achieve at least that amount.

_____ I also understand that TeamCCF is an important fundraising initiative of the Cholangiocarcinoma Foundation, and if I run in the 2020 Colfax 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 are the responsibility of the registered runner and registration forms must be completed by the participant and are 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 TeamCCF runner in the 2020 Colfax 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 TeamCCF whether caused by negligence of the Cholangiocarcinoma Foundation or otherwise.

Select Event: Marathon(\$1,000 min) 1/2 Marathon(\$500 min) Urban 10(\$250 min) 5k(\$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 _____

Email _____ Shirt Size _____

Home Phone _____ Cell Phone _____

cholangiocarcinoma foundation

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