



Guaranteed Registration

Thank you for joining TeamCCF on behalf of the Cholangiocarcinoma Foundation (CCF). Please read, review, and initial the Waiver and Commitment Form. As a TeamCCF member in the 2023 Indianapolis Monumental Marathon, Half Marathon or 5k I understand and agree to the following:

Fundraising Requirements

_____ As a TeamCCF 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 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 CCF, and if I run in the 2023 Indianapolis Monumental and my best fundraising efforts do not result in the minimum being raised, as stipulated by this waiver, then CCF 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 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 member. I agree that I and/or my heirs, guardians, legal representatives, successors, distributees, and assignees will not make a claim against, sue, attach the property of, or prosecute CCF 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 CCF or otherwise

Select Event: _____ Marathon (\$1,000 min) _____ Half Marathon (\$500 min) _____ 5k (\$250 min)

Name of Participant: _____

Signature: _____ Date: _____

Name on Credit Card _____

Card Number _____ 3/4 digit CVC _____

Card Expiration Date _____ Card Type MC VISA AMEX DISC

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Waiver and Commitment Form
2023 CNO Financial Group Indianapolis Monumental



Address _____ City _____

State _____ ZIP _____ Country _____ Shirt Size _____

Emergency contact name: _____ Phone: _____

Relationship: _____

Email _____

Home Phone _____ Cell Phone _____