

## REGISTRATION FORM

### 9<sup>th</sup> Annual Pancreatic Cancer 5K Walk/Run

*Hosted by Granara-Skerry Trust*

*All proceeds to Benefit Pancreatic Cancer Research at MGH*

**September 26, 2015 – Registration 8:00 AM – Walk/Run begins at 10:00 AM**

**American Legion Hall - 321 Winthrop Street – Medford, MA**

**Please fill in all information and print clearly or register online @ [www.PANCURE.org](http://www.PANCURE.org)**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Walking \_\_\_\_\_ Running \_\_\_\_\_ Age: day of race \_\_\_\_\_  
(for runners only)

T-Shirt (please circle)                      S   M   L   XL   2X   3X  
**(Adults)**

T-Shirt (please circle)                      S   M   L  
**(Children)**

**Review and sign waiver:**

The Pancreatic Cancer 5K Walk/Run – an activity that may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic & conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Pancreatic Cancer 5K Walk/Run and related activities. I am solely responsible for my own health and safety. I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify, and hold harmless, the Granara-Skerry Trust, the MGH, the City of Medford, the Town of Winchester, volunteers, and all sponsoring businesses and organizations and their agents, from any and all liability, claims, demands, and cause of action whatsoever, arising out of my participation in this event and related activities. I have read, understand and agree to the terms of this Agreement.

**Signature:** \_\_\_\_\_

(A guardian signature is required if entrant is under 18 years of age)

<b>Registration Fee</b>	<b>\$30.00</b>	<b>Day of Registration</b>	<b>\$40.00</b>
<b>Children (ages 6-12)</b>	<b>\$10.00</b>		
<b>5 and under/Strollers</b>	<b>Free</b>		
<b>Survivors</b>	<b>Free</b>		

**Guaranteed T-shirt if registered by September 10, 2015**

**CONTACT US FOR INFORMATION ON CREATING YOUR OWN TEAM**

Please make your registration check payable to **Granara-Skerry Trust** and mail to:

Granara-Skerry Trust  
20 Butler Street  
Medford, MA 02155

**For more information and pledge forms please call 781-864-0892 or e-mail your inquiries to [info@granaraskerry.org](mailto:info@granaraskerry.org)**

*Granara-Skerry Trust is a 501 (c)3 non-profit organization*