



# SAVE THE DATE

**OCTOBER 7, 2023**

**at NORTH LAKES PARK**

Mark your calendar and be a part of the 3rd annual CELEBRATE LIFE SURVIVORS 5K RUN presented by Texas Oncology–Denton and benefiting the Texas Oncology Foundation, Inc.

Individual and Team Registration available online at  
**[CelebrateLifeDenton.com](https://CelebrateLifeDenton.com)**

Questions? Call **940.380.7948** | Email **[Sandra.Guthrie@usoncology.com](mailto:Sandra.Guthrie@usoncology.com)**



## GET INVOLVED!

- \$25 early-bird registration, by September 15
- \$35 registration after September 15
- \$15 kids registration (12 and under)

\*Event t-shirt guaranteed to participants who register on or before September 15\*

- Become an individual fundraiser and raise \$100
- Create or join a team fundraiser and raise \$100
- Register a team of 5+ runners and receive a \$5 discount per registrant

**Register today at**  
**[CelebrateLifeDenton.com](https://CelebrateLifeDenton.com)**



**REGISTRATION FORM**

**EVENT INFORMATION**

**Packet Pickup** at Texas Oncology–Denton (2600 Scripture Street): Friday, Oct. 6 (3:00-6:00pm)

**Race Takes Place** at North Lakes Park (2001 W. Windsor Drive): Saturday, Oct. 7

<b>TIME:</b>	<b>7:30am</b> Check-In Opens	<b>8:15am</b> Survivors Celebration Lap	<b>8:30am</b> 5K Begins
<b>EVENT FEE:</b>	\$25 (on or before Sept. 15)	\$35 (after Sept. 15)	\$15 Kids 12 and under

\*Event t-shirt guaranteed to participants who register on or before September 15

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ DOB (required): \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REGISTRATION INFORMATION**

\$25 (on or before Sept. 15)     \$35 (Sept. 16 - Oct. 7)     \$15 (kids 12 and under)

T-Shirt Size: \_\_\_\_\_ (Adult Small - XXXLarge) \*event t-shirt guaranteed to participants registered on or before Sept. 15

**PAYMENT INFORMATION**

Check enclosed, made payable to “Texas Oncology Foundation” (please note "Denton 5K" on the memo line)  
 Cash is enclosed

\*If you would like to pay by credit card please visit our event site to register: [www.CelebrateLifeDenton.com](http://www.CelebrateLifeDenton.com)

**WAIVER**

IN CONSIDERATION OF MY BEING ADMITTED TO ENTER THE CELEBRATE LIFE SURVIVORS 5K RUN (THE "ACTIVITY"), I, FOR MYSELF, MY HEIRS AND ASSIGNS, PERSONAL REPRESENTATIVES, EXECUTORS AND ADMINISTRATORS, DO HEREBY FOREVER RELEASE, WAIVE, COVENANT NOT TO SUE, INDEMNIFY AND AGREE TO HOLD HARMLESS FOR ANY AND ALL PURPOSES TEXAS ONCOLOGY FOUNDATION, INC., RUNSIGNUP.COM, AND ALL OTHER SPONSORS, THEIR MEMBERS, OFFICERS, EMPLOYEES, AGENTS, OR VOLUNTEERS ("RELEASEES" AND/OR "INDEMNITEES") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH) OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, WHICH MAY OCCUR TO MYSELF, OTHER PARTICIPANTS, OR THIRD-PERSONS AS A RESULT OF MY PARTICIPATION AND CONDUCT IN THE ACTIVITY, WHILE TRAVELING TO AND FROM THE ACTIVITY, OR WHILE ON THE PREMISES OWNED, LEASED, OR CONTROLLED BY RELEASEES/INDEMNITEES, INCLUDING INJURIES SUSTAINED AS A RESULT OF THE SOLE, JOINT, OR CONCURRENT NEGLIGENCE, NEGLIGENCE PER SE, STATUTORY FAULT, OR STRICT LIABILITY OF RELEASEES/INDEMNITEES. I CERTIFY THAT I HAVE PREPARED MYSELF FOR THIS ACTIVITY AND THAT I AM IN ADEQUATE PHYSICAL CONDITION TO COMPLETE THE ACTIVITY. I AGREE TO FOLLOW ALL RULES FOR THIS ACTIVITY AND TO PERMIT MYSELF TO BE REMOVED FROM THE ACTIVITY, IF, IN THE OPINION OF TEXAS ONCOLOGY FOUNDATION OR RUNSIGNUP.COM, CONTINUING THE ACTIVITY WOULD ENDANGER MY HEALTH. I GRANT TO TEXAS ONCOLOGY FOUNDATION, INC., ITS REPRESENTATIVES AND EMPLOYEES THE RIGHT TO USE SHARED PHOTOGRAPHS AND VIDEO OF ME AND TO TAKE PHOTOGRAPHS AND VIDEO OF ME AND MY PROPERTY IN CONNECTION WITH THE ABOVE-IDENTIFIED ACTIVITY. I AUTHORIZE TEXAS ONCOLOGY FOUNDATION, INC., ITS ASSIGNS AND TRANSFEREES TO COPYRIGHT, USE AND PUBLISH THE SAME IN PRINT AND/OR ELECTRONICALLY. I AGREE THAT TEXAS ONCOLOGY FOUNDATION, INC. MAY USE SUCH IMAGES OF ME WITH OR WITHOUT MY NAME AND FOR ANY LAWFUL PURPOSE, INCLUDING FOR SUCH PURPOSES AS PUBLICITY, ILLUSTRATION, ADVERTISING AND WEB CONTENT.

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Please return registration form to:**  
**Texas Oncology–Denton**  
**Attn: Sandra Guthrie**  
**2600 Scripture Street; Denton, TX 76201**  
**or E-mail to: [Sandra.Guthrie@usoncology.com](mailto:Sandra.Guthrie@usoncology.com)**