2021 Triangle LUNGe Forward Registration Form

LUNG CANCER INITIATIVE
A NETWORK OF HOPE AND ACTION

Send completed forms with payment to:
Lung Cancer Initiative, 5171 Glenwood Ave, Suite 401, Raleigh, NC 27612
Phone: 919-784-0410 Ext. 108

Title: _____ First & Last Name: _____
Street Address: _____
City:_____ State: _____ Zip: _____
Email: _____ Phone: _____
Birthdate: _____/_____/_____ Age of Event Day_____

Event Type (All participants will be timed – Check one)
☐ Adult -Age 21 years old+ ☐ Youth/Student - Age 20 years old or younger ☐ Lung Cancer Survivor
☐ Veteran ☐ Healthcare & First Responder ☐ Lounge for lung cancer (stay home & receive a shirt)

I Will Participate (Check one)
☐ Individually ☐ With a Team - Team Name:_____

T-Shirt Size: Adult: __S __M ____L ____XL ___XXL ____ Youth LG ___ I do not want a shirt.

Check all that applies
☐ I am a lung cancer survivor **(FREE registration!)**
☐ I am interested in volunteering for the event next year (2022)
☐ I am interested in learning more about the Lung Cancer Initiative

How did you hear about the event? _____

Please submit a separate form for each registrant. Photocopies are acceptable.

Triangle LUNGe Forward Fees
☐ Adult - Early Bird (Ends July 31) = $25
☐ Adult Pre-Registered = $30 ☐ Youth/Student = $15
☐ Event Day Adult = $35 ☐ Youth/Student =$20
☐ Lung Cancer Survivor = Free
☐ Veteran = $20.00
☐ Healthcare & First Responder = $20.00
☐ Lounge for lung cancer = $25.00

Registration Fee $_____

Additional Donation Amount $_____

Total $_____

I am paying by ☐ Check # _____ (payable to Lung Cancer Initiative, add Triangle in memo)
☐ Cash ☐Visa ☐Discover ☐ AMEX ☐ Mastercard

Please call LCI office with credit card information before September 17, 2021.

Event Waiver: I, the undersigned, know that the event I am entering carries the risk of personal injury or damage. I know that an athletic event requires training, and I certify that I am physically fit for this event. I hereby waive and forfeit all rights I may have to file suit or make claims against Lung Cancer Initiative, this event and the directors thereof, the City of Raleigh, NC, the NC Museum of Art and any other sponsoring organization, and all persons connected with this event for injuries I may suffer at this event on September 18, 2021. I understand that no refunds can be made if the event is canceled due to weather conditions or other circumstances beyond the control of the organizers. I understand that from photos taken at the event my likeness may be used in future marketing and promotional materials for the Lung Cancer Initiative. I understand that wearing headphones is discouraged on the course for the safety of all participants, however if I choose to wear them, I will keep the volume at a level that enables me to hear surrounding participants. I also understand that strollers are allowed only on the walking course but that skateboards, roller blades, and bicycles are not allowed at the run or walk and will abide by this guideline.

_____ Date_____
Signature (signature of parent/guardian if under 18)