



Colon Cancer Challenge Foundation (CCCF)  
American Cancer Society  
George Washington Bridge Challenge  
2016 Guaranteed Entry Application

Please fax completed application to 914.305.6675 or scan and email to  
info@coloncancerchallenge.org to reserve your spot.

**DEADLINE MAY 19<sup>th</sup>, 2016**

**PERSONAL INFORMATION**

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

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on June 5<sup>th</sup>, 2016 \_\_\_\_ Gender: Male\_\_ Female\_\_ T-shirt Size: \_\_\_\_

\*\*American Cancer Society will provide shuttle service from Manhattan (departing from 178<sup>th</sup> street - more info will be provide) RSVP is required. Will you be taking the Shuttle from Manhattan? Yes / No

**CONTRIBUTION AGREEMENT**  
**AMERICAN CANCER SOCIETY GEORGE WASHINGTON BRIDGE CHALLENGE**  
**5K GUARANTEED ENTRY APPLICATION**

\_\_\_\_\_ I would like to secure a guaranteed race entry into the 2016 American Cancer Society George Washington Bridge Challenge (ACS GWB Challenge) with the Colon Cancer Challenge Foundation.

- I understand that my program registration and guaranteed entry into the ACS GWB Challenge is based on my ability to meet the minimum fundraising requirement of **\$750.00 May 24<sup>th</sup>, 2016**.
- I understand that I am also responsible for an initial registration fee and commitment of **\$100.00**
- **The Registration Fee** will be charged to my credit card upon acceptance.
- If I have not raised the required amount by the due date, I will be allowed to personally make up the difference by check or credit card. If I do not raise or pay this amount my 2016 ACS GWB Challenge entry is subject to forfeit.
- I understand that the Foundation has limited spaces available for this event which are awarded based upon the participant's ability to meet the minimum fundraising requirement of **\$750.00**.
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: Team Race Shirt, Fundraising Page and support and an invitation to the Annual Team CCCF dinner hosted in NYC prior to the 2016 TCS NYC Marathon.

**CREDIT CARD INFORMATION**

Cardholder's Name \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Amex \_\_\_ Visa \_\_\_\_\_ MasterCard

CreditCard Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ SecurityCode \_\_\_\_\_

Signature \_\_\_\_\_

**I have read and understood all of the terms above and agree to participate. By signing I authorize Colon Cancer Challenge Foundation to charge my credit card the full amount of my fundraising obligation in the event I do not fulfill that obligation prior to October 14,2016.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**CONTRIBUTION AGREEMENT**  
**AMERICAN CANCER SOCIETY GEORGE WASHINGTON BRIDGE CHALLENGE**  
**10K GUARANTEED ENTRY APPLICATION**

\_\_\_\_\_ I would like to secure a guaranteed race entry into the 2016 American Cancer Society George Washington Bridge Challenge (ACS GWB Challenge) with the Colon Cancer Challenge Foundation.

- I understand that my program registration and guaranteed entry into the ACS GWB Challenge is based on my ability to meet the minimum fundraising requirement of **\$750.00 May 24<sup>th</sup>, 2016**.
- I understand that I am also responsible for an initial registration fee and commitment of **\$100.00**
- **The Registration Fee** will be charged to my credit card upon acceptance.
- If I have not raised the required amount by the due date, I will be allowed to personally make up the difference by check or credit card. If I do not raise or pay this amount my 2016 ACS GWB Challenge entry is subject to forfeit.
- I understand that the Foundation has limited spaces available for this event which are awarded based upon the participant's ability to meet the minimum fundraising requirement of **\$1500.00**.
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: Team Race Shirt, Fundraising Page and support and an invitation to the Annual Team CCCF dinner hosted in NYC prior to the 2016 TCS NYC Marathon.

**CREDIT CARD INFORMATION**

Cardholder's Name \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Amex \_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**I have read and understood all of the terms above and agree to participate. By signing I authorize Colon Cancer Challenge Foundation to charge my credit card the full amount of my fundraising obligation in the event I do not fulfill that obligation prior to May 24<sup>th</sup>, 2016.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## CONTRIBUTION AGREEMENT

### AMERICAN CANCER SOCIETY GEORGE WASHINGTON BRIDGE CHALLENGE

### **I HAVE AN ENTRY – I WANT TO JOIN THE TEAM!**

\_\_\_\_\_ I **have a race entry** into the 2016 ACS GWB Challenge and want to join the Colon Cancer Challenge Team.

- I understand that my program registration is based on my ability to meet the minimum fundraising requirement of **\$750.00 by May 24<sup>th</sup>, 2016.**
- I understand that I am responsible for registration/commitment fee of **\$100.00.** The Registration Fee will be charged to my credit card upon acceptance to the Colon Cancer Challenge Foundation Team.
- I understand that I will not receive Guaranteed Entry into the 2016 ACS GWB Challenge.
- In exchange I will be given access to Team Colon Cancer Challenge program benefits including: Team Race Shirt, Fundraising Page and support and the Annual Team CCCF dinner hosted in NYC prior to the 2016 TCS NYC Marathon.

#### CREDIT CARD INFORMATION

Cardholder's Name \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Amex \_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**I have read and understood all of the terms above and agree to participate. By signing I authorize Colon Cancer Challenge Foundation to charge my credit card the full amount of my fundraising obligation in the event I do not fulfill that obligation prior to October 14, 2016.**

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**Applicant's Signature**

**Date**

# CONTRIBUTION AGREEMENT

## GEORGE WASHINGTON BRIDGE CHALLENGE WAIVER

### CONSENT AND RELEASE: PLEASE READ CAREFULLY BEFORE PROCEEDING!

This Consent, Release and Waiver of Liability (the "Release") is hereby executed on the date written below by the undersigned participant or volunteer (the "Participant") in favor of the American Cancer Society, Inc., and the Colon Cancer Challenge Foundation, their affiliated divisions and entities, including in each case, without limitation, their directors, officers, employees, volunteers, and agents (collectively "ACS" and "CCCF"). The Participant desires to fundraise on behalf of CCCF and/or engage in certain activities and/or events with ACS/CCCF ("Activities"), and understands that his/her participation in these Activities may include but are not limited to camping, picnicking, walking, jogging, running, bicycling, golfing, other recreational activities, and any other events or activities reasonably anticipated to be performed by Participant as a part of or in any way associated with ACS/CCCF Activities. The Participant acknowledges that he/she derives personal satisfaction and a benefit by virtue of his/her participation with the ACS/CCCF and/or performing the Activities discussed above, and Participant willingly engages in these Activities.

The Participant hereby freely, voluntarily, and without influence from anyone or duress of any kind executes this Release and consents and agrees to each of the following:

***RELEASE AND WAIVER. THE UNDERSIGNED PARTICIPANT HEREBY RELEASES, WAIVES AND FOREVER DISCHARGES ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST ACS, INCLUDING ITS SUCCESSORS AND ASSIGNS, EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE, FAULT OR MISCONDUCT OF ANY KIND ON THE PART OF ACS FOR DAMAGES OR CAUSES OF ACTION, INCLUDING BUT NOT LIMITED TO DEATH, BODILY OR PERSONAL INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH PARTICIPANT, HIS/HER HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON THEIR BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM THE PERFORMANCE OF PARTICIPANT'S ACTIVITIES AND/OR PARTICIPATION WITH ACS ACTIVITIES. ASSUMPTION OF THE RISK.***

The Participant understands that in conducting the Activities that Participant may choose to engage in physical activities that may be hazardous to the Participant, including but not limited to camping, picnicking, walking, bicycling, jogging, and running, and any other activities reasonably anticipated to be performed by Participant as a part of or in any way associated with ACS/CCCF Activities, and hereby knowingly assumes the risk of injury, harm and loss associated with such physical activities.

**IMAGE RELEASE.** Participant does hereby grant and convey unto the American Cancer Society, Inc. and the Colon Cancer Challenge Foundation all right, title, and interest in any and all photographic images and video or audio recordings made by the American Cancer Society, Inc. and the Colon Cancer Challenge Foundation during the Participant's Activities with the American Cancer Society, Inc. and the Colon Cancer Challenge Foundation, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Participant hereby releases, discharges and agrees to save harmless ACS and CCCF, its legal representatives or assigns, and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of Participant's likeness, including, without limitation, claims for libel or invasion of privacy.

### THE FOLLOWING MUST ALSO BE COMPLETED BY PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR CHILD UNDER 18 YEARS OF AGE:

In consideration of the minor child's (under 18 years of age) (Minor Participant) participation in ACS/CCCF Activities the undersigned in his/her capacity as Minor Participant's parent or guardian, hereby (a) give permission for the Minor Participant, who is my child or ward, to participate voluntarily in ACS/CCCF Activities and/or perform the Activities referenced in the Release, and (b) understand that this Release forever releases, waives and discharges any and all liability, claims, and demands of whatever kind or nature against ACS/CCCF, including ACS's and CCCF's successors and

## CONTRIBUTION AGREEMENT

### GEORGE WASHINGTON BRIDGE CHALLENGE WAIVER Continued

assigns, either in law or in equity, to the fullest extent permissible by law, including but not limited to the negligence, fault or misconduct of any kind on the part of ACS nor CCCF for damages or causes of action, including but not limited to death, bodily or personal injury, illness, economic loss or out of pocket expenses, or loss or damage to property, which Minor Participant, his/her heirs, assignees, next of kin and/or legally appointed or designated representatives, may have or which may hereinafter accrue on their behalf, which arise or may hereafter arise from the performance of Minor Participant's Activities and/or his/her participation in ACS/CCCF Activities.

I also acknowledge reading and understanding all of the terms and conditions set forth in the Release signed by my child or ward, and consent and agree to each and every term and condition contained in the Release. Signing below and completing this registration does prove that you are consenting to the waiver & release of certain legal rights as set forth in this release and waiver of liability agreement.

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Name

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Signature

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Child's Name if a Minor

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Parent/Legal Guardian Name

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Parent/Legal Guardian Signature