



AMERICAN LUNG ASSOCIATION

Corporate Cup

WALK RUN BREATHE GIVE

Turn this form in to your Team Captain when completed. All children ages 5 and over must register to be on the 2-mile or 10K course.

Employee Name _____ Age _____ Gender _____ T-shirt Size* _____

Company _____ Department _____

Family/Friend Name _____ Age _____ Gender _____ T-shirt Size* _____

Family/Friend Name _____ Age _____ Gender _____ T-shirt Size* _____

Family/Friend Name _____ Age _____ Gender _____ T-shirt Size* _____

Family/Friend Name _____ Age _____ Gender _____ T-shirt Size* _____

Home Address _____ City _____ State _____ Zip _____

Daytime Phone _____ E-mail address _____

Enclosed are our per-person fees to help fight lung disease: (checks payable to American Lung Association. Federal Tax ID#: 43-0662525

of Participants _____ x \$15 = _____

of Awards Celebration Tickets _____ x \$8 = _____

of 100-yard dash entries (ages 5 to 10) _____ x \$5 = _____ (fee not required if child is registered for 2 mile course)

I would like to make a donation to fight lung disease = _____

Total Amount Enclosed = _____

***The American Lung Association does not provide shirts to participants. Please check with your team captain to see if your company will be providing team t-shirts and if there is a cost associated with ordering a t-shirt.**

Seeded Pass Request (Return to your Team Captain)

Males who have completed a 10K road race in 50 minutes or less, and females who have completed a 10K road race 55 minutes or less, may qualify for a pass to start at the front of the pack. Qualifiers must attach documentation from a 10K completed in the past 12 months, or have an appropriate time in one of the past 2 Corporate Cup events.

Name _____

- '07 Cup
- '08 Cup
- Other _____

My family and I know that a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the condition of the road, all such risks being known and appreciated by me. Having read the waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, release and waive the American Lung Association of the Central States, the city of Omaha and all sponsors, their representatives, employees, volunteers and successors from all claims or liabilities of any kind arising out of my participation in this event.

Employee Signature _____ Date _____

Family/Friend Signature (Parent or guardian must sign for children) _____ Date _____