



5K Walk/Run & Kids K

**A Fundraiser Benefiting the
Morgan Welch Inflammatory Breast Cancer
Research Program & Clinic
at M. D. Anderson Cancer Center**

Date: Saturday, November 7, 2009

Time: 7:00 a.m. – Onsite registration begins
8:00 a.m. – 5K begins
8:15 a.m. – Kids K begins

Location*: Marble Falls First Baptist Church Pavilion
901 La Ventana Drive
Marble Falls, TX 78654

Online Registration

& Donations: www.TeamKaren.com (available Sept. 28th)

*Satellite events will be held in cities across the state of Texas and across the nation.
For details, please visit www.TeamKaren.com

All donations will benefit the Morgan Welch Inflammatory Breast Cancer
Research Program & Clinic at M. D. Anderson Cancer Center.
Matching private funds will benefit the First Baptist Christian School of Marble Falls.

Sponsored by:



PARTICIPANT OR DONOR INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

E-mail _____

PARTICIPANT-ONLY INFORMATION

Gender: F M **Date of Birth** ___/___/___ **Age on Walk/Run Day** _____

T-shirt Size: YM YL S M L XL XXL

Check one: _____ Individual Participant _____ Pod Member _____
(Pod name)

REGISTRATION & DONATION INFORMATION

____ 5K Walk/Run (\$20) \$ _____

____ Kids K (\$10; 12 and under) \$ _____

Please accept this additional donation to the cause in the amount of \$ _____

I wish to sponsor _____ in the amount of \$ _____
(individual or pod name)

I cannot participate but wish to make a contribution in the amount of \$ _____

Total Payment: \$ _____

Credit Card: MasterCard Visa American Express Discover

Credit Card Number _____ CVC# _____ Exp. Date _____

Signature _____

Check Enclosed

Make checks payable to: The University of Texas M. D. Anderson
(indicate "TeamKaren" on memo line)

Mail to: TeamKaren, PO Box 8510, Horseshoe Bay, TX 78657

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WAIVER: In consideration of the acceptance of this registration entry, I assume full and complete responsibility for any injury or accident, which may occur during my participation in this race or while on the premises of this event; and I hereby release and hold harmless the sponsors, promoters, and all other persons and entities associated with this event from any and all injury or damage, whether it be caused by negligence of the sponsors or promoters or other persons or entities associated with this event or their agents of employees or otherwise. I grant full permission to any and all of the foregoing to use my (and my child's) name, or photographs, videos and other recordings of participation in this event, without obligation or liability to me (and my child). I have read this agreement carefully, and understand it, and certify my agreement by my signature below.

Signature _____ Date _____

(Parent signature if under 18)