



2019 Cancer Cruise 5K Fun Run & Walk
REGISTRATION FORM
Benefitting Aaron Scharpe of Green Isle
Saturday, May 18, 2019



In 2011, Aaron was diagnosed with kidney disease, and received a kidney transplant from his aunt. In 2015, he was diagnosed with melanoma and underwent surgery and radiation. The anti-rejection medication he was taking for the kidney transplant was reduced, and oral immunotherapy was started. In 2018, Aaron again had surgery to remove a lump on his back, as well as malignant tumors on his spine. The anti-rejection medications he had been taking since the kidney transplant had to be stopped, which will result in the kidney failing, and Aaron will again undergo dialysis. Aaron is not able to walk, and is currently doing his physical and occupational therapy at his home.

ALL of the proceeds raised from the 5K will assist Aaron with his medical expenses.

LOCATION: **Four Seasons Park, Arlington, MN – 2 blocks South of Main Street on 1st Avenue**

TIME: **8:00 AM** Race Day Registration Begins

9:00 AM 5K Fun Run & Walk Begins

ENTRY FEE: **\$25** (If pre-registered by **April 20, 2018**)

\$30 after April 20th - No T-shirt Guarantee

Name: _____

Address: _____

City & Zip: _____

Phone: _____ Email: _____

T-shirt size guaranteed if pre-registered before **APRIL 20, 2019**. Registrations received after the pre-registration deadline will not be guaranteed a t-shirt. Shirts are sapphire blue, and will have the logo shown at the top of this form on them.

KID'S T-shirts ___ S (6-8) ___ M (10-12) ___ L (14-16) *NOTE: Kids XL is the same as an Adult S.*

ADULT sized T-shirts ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

ADULT TALL ___ LT ___ XLT ___ 2XLT ___ 3XLT

In consideration of the acceptance of my entry, I hereby waive and release CGH, Inc. of Arlington, MN, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, for which I am physically fit and trained to participate.

PARTICIPANT SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE (if under 18) _____

Please make checks payable to: **Community Giving Hope (CGH), Inc.** and mail your payment & form to:

Community Giving Hope, 42205 260th St., Arlington, MN 55307

For Questions, please call: (507) 964-5603 or Email: CancerCruise55307@gmail.com