



# 2024 Triangle LUNGe Forward Registration Form

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

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       Youth/Student - Age 20 and younger       Lung Cancer Survivor
- Veteran, Healthcare, First Responder       Lounge for Lung Cancer (virtual)

### 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.
- I am interested in learning more about Lung Cancer Initiative.

### How did you hear about the event? \_\_\_\_\_

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

### Triangle LUNGe Forward

- Adult = \$35.00
- Youth/Student = \$25.00
- Lung Cancer Survivor = Free
- Veteran, Healthcare & First Responder = \$25.00
- Lounge for lung cancer = \$30.00

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 March 15, 2023.**

**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 Cary, NC, Koka Booth Amphitheatre and any other sponsoring organization, and all persons connected with this event for injuries I may suffer at this event on March 23, 2024. 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)