

2006 U.S. TRANSPLANT GAMES – 5K Race Registration Form

ONE FORM PER APPLICANT – PLEASE COMPLETE & SUBMIT WITH PAYMENT TO:

National Kidney Foundation; USTG06 5K RACE; 30 East 33rd Street; New York, NY 10016

Make check or money order payable to the National Kidney Foundation

1. PERSONAL INFORMATION

First Name										MI	Last Name									
Address <input type="checkbox"/> Home <input type="checkbox"/> Business																				
Address																				
City										State		Postal Code								
Phone (Day)								(Eve)												
Fax								Email												
Sex	Birth Date		Age on Race Day		T-Shirt Size															
<input type="checkbox"/> M <input type="checkbox"/> F	Month	Day	Year		<input type="checkbox"/> Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large												
					<input type="checkbox"/> Child	<input type="checkbox"/> X-Large	<input type="checkbox"/> 2X-Large													

2. EMERGENCY CONTACT INFORMATION

Name of person to contact	Relationship	Emergency Contact Phone

3. ATTENDEE TYPE (Select One)

- Donor Family
 Living Donor
 Family Member/Friend of a Transplant Games participant
 Transplant Professional
 Non-Competing Transplant Recipient
 Resident of Kentucky/Surrounding State (No affiliation with NKF and/or U.S. Transplant Games)

4. GENERAL WAIVER

I, the undersigned, certify I am 18 years of age or older and that I am entering into this Agreement on behalf of myself or as the Parent of a participant or as authorized Legal Guardian for another minor that is under 18 years of age ("Ward") identified above.

In consideration of my or my child's or Ward's participation in the 2006 US Transplant Games (the "Event") hosted by National Kidney Foundation and sponsored by Novartis Pharmaceuticals, I agree on my behalf or on behalf of my child or Ward to assume the risks incidental to such participation (which risks may include, among other things, physical injury related or unrelated to their present health condition and/or related to all travel, lodging and non-participatory activities incidental to such Event) and, on my own behalf or on behalf of my child or Ward, and on behalf of my or my child's or Ward's heirs, executors and administrators, release and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my or my child's or Ward's participation in such activity, and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and disbursements. For this Event, the released parties are the National Kidney Foundation, Louisville Sports Commission, University of Louisville, the Kentucky State Fair Board, Louisville - Jefferson County Metro Government, all Event sponsors, volunteers, officials, venues, and providers, their parent, related and affiliated companies, and the officers, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities. I UNDERSTAND THAT THIS RELEASE AND INDEMNITY AGREEMENT INCLUDES ANY CLAIMS BASED ON THE NEGLIGENCE, ACTION OR INACTION OF ANY OF THE ABOVE RELEASED PARTIES AND COVERS BODILY INJURY (INCLUDING DEATH) AND PROPERTY LOSS OR DAMAGE, WHETHER SUFFERED BY ME OR MY CHILD OR WARD, BEFORE, DURING OR AFTER SUCH PARTICIPATION. I declare that I or my child or Ward am or is physically fit and have or has the skill level required to participate in this particular event and have based this representation on a physician's medical advice or my decision to knowingly proceed in the absence of such advice. I further authorize medical treatment for myself or my child or Ward, at my cost, if the need arises. If I or my child or Ward is an athlete, I understand and agree that my physician or his agent may provide personal health information (PHI) to the organizers of the U.S. Transplant Games. I understand that this information will be kept confidential and will only be used to determine my or their eligibility to participate in the Games and to provide medical assistance to me or my child or Ward if necessary, and will not be shared with any person or organization except for the purposes as specified above. I understand that the name and logo(s) of the U.S. Transplant Games are trademarks and the intellectual property of the National Kidney Foundation, Inc. and that any unauthorized use of the U.S. Transplant Games name and logo(s) without written consent of the National Kidney Foundation, Inc. is prohibited and may be subject to civil and criminal penalties under the laws of the United States. I further understand that I agree not to otherwise grant commercial advertising rights connected with my or my child's or Ward's participation in the Games. I further grant the National Kidney Foundation and all Event sponsors, their parents, related and affiliated companies, the right to photograph and/or videotape me or my child or Ward and further to use my or my child's or Ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation, although I understand that there is no obligation to exercise said rights herein granted. This Agreement shall be governed by the laws of the State of Kentucky, and any legal action relating to or arising out of this Agreement shall be commenced exclusively in the United States District Court for the District of Kentucky or the state courts of Kentucky in and for the Thirtieth (Jefferson County, Kentucky) Judicial District. I have fully read, understand and agree to the above terms:

Signature of Registrant (or Parent or Legal Guardian of Ward)

Date

Name of Registrant

5. MARKETING PREFERENCES

For your convenience, you can sign up to receive Transplant Games and related news and information, promotions, surveys and other marketing communications from the National Kidney Foundation and its partners. Your responses below will allow you to designate from whom you receive information and how you receive it. Please indicate your preferences below:

Please send me 5K Race/Transplant Games and related communications from the National Kidney Foundation only:

- to both my email and postal addresses to my email address to my postal address None

Please send me 5K/Transplant Games and related communications directly from selected National Kidney Foundation partners:

- to both my email and postal addresses to my email address to my postal address None

6. PAYMENT INFORMATION

1. Registration Fees (non-refundable/non-transferable)

- Early Registration Fee (Until May 5th) - \$15.00
- Late Registration Fee - \$20.00

2. Make a Donation (Optional) – Make an additional gift to the National Kidney Foundation (NKF) to help support the NKF’s mission to increase the availability of all organs for transplantation. Money raised from this event will help support the U.S. Transplant Games, the nation’s premier event that demonstrates the success of transplantation and calls attention to the critical need for more organ donors.

ITEM	TOTAL
Registration Fee	\$
Donation Amount (Optional)	\$
Total Amount Enclosed	\$

Check/Money Order (enclosed) Returned checks are subject to a \$25 fee.	Payable to National Kidney Foundation, Inc. Check/Money Order #:
Credit Card (circle one) Visa MasterCard Amex Discover	Acct #: V-Code/CIC #: Master/Visa - 3 digit number located on the back of your credit card. American Express - 4 digits on front above card number to the right.
	Exp. Date:
	Cardholder’s Signature:

7. SURVEY (Optional)

To help us learn more about you, please complete the following survey. Any and all of the questions are optional, however your feedback assists us in gathering 5K audience information to gain more sponsor support for the Games and its participants.

Have you already declared that you want to be an organ donor? Yes No **If yes, how? (Check all that apply):** Discussed my decision with my family Indicated my decision on my Driver’s License (Donor Dot) Signed a Uniform Donor Card

If you answered no (above), would you be interested in receiving information on organ and tissue donation? Yes No

How did you hear about the 5K Race? Word of Mouth Direct Mail/Brochure Email Newspaper Radio 4th Street Live Louisville Sports Commission University of Louisville Other, please specify _____

Why are you participating in the 5K Race? Training Support/Learn about the Cause Celebrity Appearance Fun

Other, please specify _____

What is your race/ethnicity? American Indian and Alaska Native Asian Black or African-American Hispanic or Latino

Native Hawaiian and Other Pacific Islander White or Caucasian Some other race/ethnicity, please specify _____

What is the highest level of education you have achieved? Elementary School High School Technical School

Some College-no degree College Degree Masters or Ph.D. Medical Doctor Other _____

Which of the following best describes your occupation? Senior management Other management Professional Technical

Sales Education Homemaker/full-time parent Student Retired Not employed Other _____

What is your total household income? Under \$25,000 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000-\$149,999 \$150,000

What is your current marital status? Single-never married Single-previously married Married

Please indicate the number of people in your household, including yourself: 1 2 3 4 5 or more