

Walk/Run



10th Annual Miles Over Melanoma

May 13, 2017



Walk/Run

Queeny Park Weidman Road 2.5 miles on Manchester Road west of I-270 St. Louis, MO 63011

Registration as a Participant Register by 4/28/17 to guarantee lunch and t-shirt.

Registration 9a Timed Run 10a Walk 11a

Walk-up Registration Also Welcome
Cannot guarantee t-shirt or lunch for walk-ups

Adult \$30 _____ Child (12 & under) \$15 _____

Total number registered _____

_____ I cannot participate, but my donation of \$_____ is enclosed.

Registration as a Sponsor—must register by April 26th

_____ **TITLE SPONSOR** (\$10,000) Includes opportunity to set up a title table at event for company promotion, company name/logo on media promoting the event, company name/logo prominently displayed on t-shirt and event banner, company name/logo on website with link to your company's website, and registration for 25 people.

_____ **CURE SPONSOR** (\$5,000) Includes company name/logo on research donation materials at event, company name/logo displayed on t-shirt and event banner, company name/logo on website with link to your company's website, and registration for 20 people.

_____ **DETECT SPONSOR** (\$2,500) Includes company name/logo displayed on t-shirt and event banner, company name/logo on website with link to your company's website, and registration for 15 people.

_____ **PREVENT SPONSOR** (\$2,500) Includes company name/logo displayed on t-shirt and event banner, company name/logo on website with link to your company's website, and registration for 15 people.

_____ **ORANGE SPONSOR** (\$1,000) Includes company name/logo displayed on t-shirt, event banner, and registration for 10 people.

_____ **BLUE SPONSOR** (\$250) Company name listed on t-shirt and registration for 4 people.

Payment Options

_____ Cash

_____ Check (payable to Our M.O.M., Inc.)

_____ Credit Card: MC _____ Visa _____ Discover _____

Card Number _____ Exp. Date _____

Billing Address _____

Signature _____

Total Enclosed _____

T-shirt

(please mark quantity of each size needed)

Adult S _____ M _____ L _____ XL _____ XXL _____

Youth S _____ M _____ L _____

Contact Information

Name (s) _____

Mailing Address _____

Zip Code _____

Email Address _____

Mail Complete Forms and Payment to:
Our M.O.M., Inc., 1816 Springdale Acres Ln., St. Louis, MO 63131
Phone: 314-591-3271 Fax: 314-884-4439
www.ourmominc.com

MILES OVER MELANOMA RELEASE

(Must be signed by each entrant or parent/guardian if entrant is under 18)

I understand my consent to these provisions is given in consideration of acceptance of this registration and for being permitted to participate in Miles Over Melanoma ("Event"). I am voluntarily participating in this Event and am in good physical condition. I acknowledge Miles Over Melanoma is a potentially hazardous activity and I hereby assume full and complete responsibility for any and all injury or accident that may occur during my participation in said Event or while on the premises of Event. I hereby release and hold harmless and agree not to file suit against Our M.O.M., Inc., any affiliated individuals including but not limited the Board of Directors, St. Louis County, any Event sponsors and their agents and employees and all other persons or entities associated with Miles Over Melanoma ("Releasees") from any loss, liability, damage or claims I may have arising out of my participation in Event. Loss, liability, damage or claim includes but is not limited to personal injury or damage suffered by me or others, whether such injury or damage is caused by falls, contact with other participants, conditions of the course, negligence of Releasees or otherwise. If I do not follow the rules of Event, I understand and agree I may be removed from Event. I hereby give my full consent to Our M.O.M., Inc., its affiliates and Event sponsors and corporate partners to use any photographs, videotapes or other recordings of me made during the course and scope of Event..

Signature of entrant or parent/guardian if entrant is less than 18 Date

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