

Flip Off Childhood Cancer Challenge

Every day in the US, 43 kids will be diagnosed with childhood cancer – that's *1 out of 285 kids* before the age of 19. Childhood cancer is the leading cause of death by disease in kids in the US and for those that survive treatment, they may be left with many lifelong side effects of treatment.

Our goal: 1,290 tire flips in the month of September, signifying the number of children diagnosed with of Childhood Cancer in the month of September.

How we plan on achieving our goal: We invite any individual, gym, team, or community organization that would like to flip a tire (once or multiple times). Please have each participant fill out a waiver. There is no limit to team size.



Entry donation: Suggested donation of \$10. You may also donate without flipping a tire, but we still need 1,290 tire flips in the next 30 days!

Where to donate: <https://gofund.me/87bb30e6> - 100% of the donations made will be sent to the American Childhood Cancer Organization of the Inland Northwest.

Name: _____ Birthdate: _____ Age: _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Team Name: _____ /or/ Solo Flipper Tagline: _____

I, _____, desire to voluntarily participate in the Flip Off Childhood Cancer Tire Flip Challenge, offered by Fit Parents of the Palouse, LLC. I understand that tire flipping is a strenuous exercise. I am aware that physical activity is designed to stress the heart, lungs, cardiovascular and circulatory systems, muscles, joints, ligaments, and tendons in an attempt to improve muscular strength and cardiovascular fitness. Fit Parents of the Palouse, LLC, and the instructor advised me to consult my physician about my ability to participate in this program. I assume the risk of and take full responsibility for any injury, either mental or physical, or property damage and/or loss that I or my child/children may sustain while participating in this fundraiser. I agree that, to the fullest extent permitted by law, I will hold Fit Parents of Palouse, LLC, and all of its instructors, officers, employees, members, managers, agents, and assignees free from any liability for any injury or any property damage/loss that may result from my participation in this exercise challenge or my association with Fit Parents of the Palouse, LLC. I have read and understood the above statements fully. Fit Parents of the Palouse, LLC, and the instructor have answered to my satisfaction any questions that I had about the exercise program. I understand that this is a legal document, and I acknowledge that Fit Parents of the Palouse, LLC, and the instructor have afforded me the opportunity to review the document with legal counsel before participating.

Date: _____ Participant Signature: _____

Let's flip off childhood cancer together.

In Honor of Tommy Harner, forever 2 years old