

PARTICIPANT FEEDBACK

Miles for Myeloma is powered 100% by local volunteers committed to creating an enjoyable, family-friendly, and impactful event. We take participant feedback seriously and are continuously seeking to improve the event experience for participants.

Here's what participants had to say about last year's event.

Great event! It's sad, but nice to see so many who support the mission. Unfortunately Myeloma has affected more people than I ever wanted to know it affected.

My family runs in several events and this was put together very well! Thank you for the wonderful atmosphere, kind volunteers, variety of refreshments and overall feel of the event! Thank you!

2017 was my first year participating. I was happy to donate money and remember my loved one while I was running the course. Thank you for planning this event and for your continued efforts to improve the lives of patients and families with myeloma.

It was great to have the option to walk or run the 2 mile or 5 mile route. [You] really made it welcoming for all fitness levels to participate!

I like how the walkers and runners come back together at the end. [It's] fun for the walkers to help cheer on the runners!

TELL US YOUR STORY.

Do you know someone who is, or has been, affected by multiple myeloma? Submit your story (with photo) to Miles@MissionMyeloma.org. Your story may be showcased at our event or on our website.

EVENT INFORMATION

DATE: October 6, 2018

NEW THIS YEAR: Team Spirit Award

REGISTRATION: Online at MissionMyeloma.org or Mail to: Mission Myeloma, Inc.
Attn: Mary Voss, P.O. Box 103, Kimberly, WI 54136

TIME: 9:00 AM. 5 mile walk/run followed by the 2 mile walk/run. Check In begins at 7:30 AM. Check-in and same-day registration 7:30 AM - 8:30 AM.

WHERE: Encircle Health, 2500 E. Capitol Drive, Appleton WI 54911. Please park in designated areas.

AWARDS: Medals awarded to the top three males and top three females of the 5 mile run. Age bracket winners will be reported and posted online.

PACKET PICK UP: Check Mission Myeloma's website for details. (www.MissionMyeloma.org)

QUESTIONS: Email Miles@MissionMyeloma.org



9th Annual
milesfor myeloma
2 MILE & 5 MILE WALK/RUN
OCTOBER 6, 2018
2500 E. Capitol Drive, Appleton, WI 54911



SPONSORS



An event to remember those we lost to Multiple Myeloma and rally behind patients currently walking the journey



MISSION Myeloma

Mission Myeloma, Inc. is dedicated to showing support to myeloma patients and their families and funding research for a cure.

Making a local impact! Proceeds of the 2018 Miles for Myeloma - Fox Valley are used to provide financial assistance and care packages to local myeloma patients, as well as support research for a cure. All donations are tax-deductible. To learn more, visit www.MissionMyeloma.org or connect with us on Facebook and Instagram @MissionMyeloma.

WHAT IS MULTIPLE MYELOMA?

Multiple Myeloma is a rare blood cancer with no known cure that starts in plasma cells, which is a type of white blood cell (WBC). WBCs help fight infection. Plasma cells are a type of WBC that makes antibodies, which are part of the immune system; thereby, protecting the body from germs. Myeloma begins when a plasma cell becomes abnormal. As cell division occurs, these abnormal cells collect in the bone marrow.

MILES FOR MYELOMA - FOX VALLEY

Miles for Myeloma - Fox Valley began in 2010 by friends and colleagues of local physician Dr. Mark Chelsky following his diagnosis with multiple myeloma in 2009. The event started out as an independent event for the Multiple Myeloma Research Foundation to support research for a cure. Effective 2017, all event proceeds benefit Mission Myeloma, Inc., a registered 501(c)(3) tax exempt non-profit organization to show support to the local multiple myeloma community.

MARK J. CHELSKY, M.D. NOVEMBER 30, 1962 - JULY 24, 2012

Dr. Chelsky and his wife Katie made Appleton their home in 1994 when he joined Valley Urologic Associates. He established his practice with Valley Urologic Associates until January 2011 when his battle with cancer prevented him from continuing his practice. Mark was a proud, loving father of four children, and a physician, beloved and respected by his patients, colleagues and peers for his unwavering dedication to medicine, compassionate patient care and his sharp wit.



Local Stories Basket Raffle



Encouragement Inspiration Board

Team Spirit Award Music & Kids Zone



REGISTRATION FORM

PARTICIPANT DETAILS: ONE FORM PER PARTICIPANT

NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	EMAIL _____	
AGE (on event day) _____	<input type="radio"/> MALE	<input type="radio"/> FEMALE

CHOOSE AN EVENT: PLEASE CHECK ONE

☐ **2 Mile Walk/Run** ☐ **5 Mile Walk/Run**

I am on a Team ☐ **Yes** ☐ **No**

Your TEAM NAME (if applicable): _____

T-SHIRT SIZES: PLEASE CIRCLE ONE

Youth: S M L

Adult: S M L XL 2XL (+\$2) 3XL (+\$3) 4XL (+\$4)

REGISTRATION FEE

June & July	Adult: \$20	13 & Younger: \$10
August	Adult: \$25	13 & Younger: \$15
September	Adult: \$30	13 & Younger: \$20
October	Adult: \$35	13 & Younger: \$25

All materials must be postmarked by the end of each month to qualify for the rate. To be guaranteed a t-shirt, we must receive all your registration materials by **Friday, September 14, 2018**. Registrations received after the deadline will be provided a t-shirt based on availability.

MAKE CHECKS PAYABLE TO:

Mission Myeloma, Inc.
Attn: Mary Voss / P.O. Box 103, Kimberly, WI 54136

WAIVER FORM (Required**)**

ACCIDENT WAIVER AND RELEASE OF LIABILITY I acknowledge that the registered event is an extreme test of a person's physical and mental limit and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, participants, spectators, volunteers, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all the risks for participating in this event. I certify that I am physically fit, have sufficiently trained for participation in the event, and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) will be used by the event holders, participants, sponsors, service providers, and organizers in which I may participate and that it will govern my actions and the responsibilities as said event.

In consideration of my application and permitting me to participate in the event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event, including but not limited to Grand Bluff Running, their directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or person(s) mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the event.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. This AWRL shall be construed broadly to provide release and waiver to the maximum extent permissible under the applicable law: I grant permission to the event organizers and Grand Bluff Running to use my name, image, and photographs, videos, or any other record of my participation in the event for race commercial purposes including but not limited to newspaper, website, brochures, fliers, radio, and television. I hereby certify that I have read this document and I understand its content.

Print Name _____

Signature _____ **Date** _____
(Parent/Legal Guardian for those under 18)