

“Walk for Hope” CHAVES COUNTY CANCER FUND 2019 REGISTRATION FORM

Date & Time received

Cielo Grande Recreation Area on May 10, 2019, 6:00 p.m.– 11:00 p.m.
GUARANTEED T-SHIRT DEADLINE: March 22nd

INCOMPLETE FORMS WILL NOT BE ACCEPTED!!

TEAM NAME: _____ TEAM CAPTAIN: _____ PHONE: _____

- Registration must include a non-refundable commitment fee as listed for each participant. For more information contact the Walk for Hope Committee at 347-1030 OR email teams@walkforhopechavescounty.com.
- Make checks payable to: **Walk for Hope**
- Please return forms with payment to the Team Captain’s meeting or Wanda Porter at 226 North Main St.

PARTICIPANT WAIVER: (PLEASE READ BEFORE SIGNING) *PARENTS MUST SIGN FOR MINOR CHILDREN*

As a participant in the Chaves County Cancer Fund “Walk for Hope” for myself, my executor, administrators, and assignees, I hereby release and discharge the Chaves County Cancer Fund “Walk for Hope,” the event site, their management, their officers, members, sponsor, organizers, or their representatives or successors, and all cooperating business and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of participation or that of my child in this event. I give my full permission for the use of my name and photograph in this event. I also give my permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital or other medical facility for further treatment.

Name (first/last): _____ Date of birth: _____

Address: _____ City & Zip: _____

Phone (H): _____ (W): _____ (C): _____

E-mail address: _____ Signature: _____

(Check as appropriate) I am a cancer survivor \$10.00 participant fee: check cash

Circle shirt size: YS YM YL S M L XL XXL XXXL

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