

# Wickenburg Walks to ~~Boots~~ Breast Cancer

October 18, 2020 at Ortega Park in Downtown Wickenburg

7:00 a.m. Registration  7:30 a.m. Opening Ceremony  8:00 a.m. Walk Begins

Choose an Event:  1 Mile or 5K  Virtual

**Due to Covid 19, the walk may be limited to virtual only. Participants will be notified by email by Sept. 15. No refunds will be issued.**

I am a Breast Cancer Survivor \_\_\_\_\_ Years

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Team Name \_\_\_\_\_

## T-Shirt Size

(circle one)

**Adult**

S M L XL 2XL 3XL

**Youth**

S M L

No T-shirt

## REGISTRATION FEE

Breast Cancer Survivor \$20 \_\_\_\_\_  
Adult (18 years and up) \$30 \_\_\_\_\_  
After 8/30/20 \$35 \_\_\_\_\_  
Youth (17 years and under) \$15 \_\_\_\_\_

Yes! I'd like to add a tax-deductible donation of \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Make Checks Payable To:

**Wickenburg Breast Cancer Network**

Return this form to Team Captain or mail to: WBCN

PO Box 3302

Wickenburg, AZ 85358

Keep a copy of this form for your tax records.

Payment Type: Cash \_\_\_\_\_ Check # \_\_\_\_\_

## WAIVER AND RELEASE all participants or parent/guardian if under 18 years)

I am a voluntary participant in the October 18, 2020 walk sponsored by WICKENBURG BREAST CANCER NETWORK, INC. I am in good physical condition. I know that this event is a potentially hazardous activity and hereby assume full responsibility for any injury or accident which may occur during my participation in this event or while I am on the premises of this event. I hereby release and hold harmless and covenant not to sue the Town of Wickenburg, Wickenburg Breast Cancer Network, Inc. any affiliated individuals including those individuals organizing this event in Wickenburg, any race sponsors and their agents, and employees and all other persons or entities associated with this event (the Releasees) from any loss, liability, or claims I may have or which may arise from my participation in this event including personal injury, or damage suffered by me or others, whether same be caused by falls, contact with other participants and their animals, conditions of the course, negligence of the releasees or otherwise. Dogs must be leashed at all times.

Participant's Name \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

(or Parent/Guardian if under 18)

**ENTRY FORMS MUST BE RECEIVED BY 4:00 P.M. ON 9/30/20 TO RECEIVE A T-SHIRT**