

Wickenburg Walks to ~~Boots~~ Breast Cancer

October 20, 2019 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 Walk/Run 5K Walk/Run Sleep In

Please Print Neatly

Today's Date _____

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) \$25 _____
Youth (17 years and under) \$15 _____

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

TOTAL \$ _____

Payment Type: Cash _____ Check # _____ PayPal/Online _____

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.

WAIVER AND RELEASE: (Must be signed by all participants or parent/guardian if under 18 years)

I am a voluntary participant in the October 20, 2019 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 9/25/19 TO RECEIVE A T-SHIRT