

# Wickenburg Walks to **Boots** BreastCancer

October 16, 2022 at Stone Park in Downtown Wickenburg

7:00 a.m. Registration ~ 7:45 a.m. Opening Ceremony ~ 8:00 a.m. Walk Begins

Choose an Event:  1 Mile or 5K  Virtual

\_\_\_\_\_  
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

Survivor (pink) T-shirt

No T-shirt

## REGISTRATION FEE

Breast Cancer Survivor \$20 \_\_\_\_\_

Adult (18 years and up) \$30 \_\_\_\_\_

After 8/31/22 \$35 \_\_\_\_\_

Youth (17 years and under) \$15 \_\_\_\_\_

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

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

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

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** all participants or parent/guardian (if under 18 years)

I am a voluntary participant in the October 16, 2022 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. I understand that WBCN will be taking photos for use on social media and its website wickenburgbootsbreastcancer.org

Participant's Name

Signature of Participant

Date

(or Parent/Guardian if under 18)

**ENTRY FORMS MUST BE RECEIVED BY 4:00 P.M. ON 9/24/22 TO RECEIVE A T-SHIRT**

**Register by August 31 to be eligible for a special prize drawing.**