

REGISTRATION FEE \$25

PARTICIPANTS MUST REGISTER TO RECEIVE WALK APPRECIATION GIFT

Walk Registration Form

Registration starts at 9am



Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

T-Shirt Sizes: (select a size) Medium Large XL XXL

Method of Payment: (cash or check accepted)

Checks Payable to: Carol M Baldwin Breast Cancer Research Fund, Inc

Registration form, fees and donations can be collected at the event or mailed to:

Turn 4 a Cure
 C/O All Ways Concrete Pumping
 2682 Turnpike Rd
 Auburn, NY 13021

Contributions Collected:

| Contributor | Amount |
|-------------|--------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |



Yes, I am a _____ year Survivor. I would like to be recognized as a breast cancer survivor by receiving a complimentary Survivor T-Shirt

Please complete the Waiver and Release of Liability on the back

Waiver and Release of Liability

I wish to participate in the Turn 4 a Cure Event. I understand the acceptance of the waiver is required to participate.

I further understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable in participating in and completing this Event. I agree to abide by any decision of an event official relative to my ability to complete this event safely. I further agree that event officials or volunteers may authorize necessary emergency treatment for me. If I am injured as a participant in the Event, I agree to assume all risks and release and hold harmless All Ways Concrete Pumping, Carol M. Baldwin Breast Cancer Research Fund, Weedsport Speedway, and all officers and representatives of such.

I agree to allow Carol M Baldwin Breast Cancer Research Fund, All Ways Concrete Pumping and their contractors, agencies and sponsors to use my name and likeness in connection with this event, for any purpose related to advertising or promotion of the event worldwide in perpetuity in all forms of media.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and that I accept of my own free will.

If the participant is under 18 years of age at the time of registration, the participant's parent or legal guardian must completely review this Waiver and Release. The parent or legal guardian understands and consents to its terms, and authorizes the participation of the registrant by his/her acceptance below.

Participant Name: _____

Participant Signature: _____ Date: _____

If participant under 18 years of age:

Parent or Legal Guardian or Participant: _____