



Help us "Push Up Hope" by wearing your most creative bedazzled bra! Show your support and have fun!

Share your decorated bra picture and use the hashtag

**#pushuphope**



**Preregistration \$20**  
**Registration day of \$25**

**Save time and money!**

Visit our website:  
[www.turn4acurewalk.com](http://www.turn4acurewalk.com)  
to register online

# TURN 4 A CURE REGISTRATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
T-Shirt Size (circle one): S M L XL XXL

Method of Payment: Cash Check  
Please make Checks Payable to:  
The Upstate Foundation, Inc.  
Fund #45935

Registration form, fees & donations can be mailed to:  
Turn 4 a Cure  
2682 Turnpike Road  
Auburn, NY 13021  
(Or collected the day of event)

## WAIVER & 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. In consideration of my accepting this entry, I, intending to be legally bound for myself, my heirs, executors, administrators, waive and release all rights and claims for damages I may have against the organizers of the Turn 4 a Cure Walk event and their locales, Upstate Foundation, Upstate Medical University and its sponsors, successors or representatives for any and all injuries suffered by me whether to person or property at said event or while traveling to or returning from the event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been recently verified by a licensed medical practitioner.

I agree to allow Dickman Farms, Turn 4 a Cure and Upstate Foundation 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 & Release and fully understand its contents. I am aware that this 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 & 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's Signature

Signature of Parent or Guardian (if under 18 years of age)

## Contributions Collected:

Contributor:	Amount:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

☐ 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 & Release of Liability before submitting.**

# Thank you to our sponsors:



**Benedict  
Floor, Inc.**



**R&E  
Drilling &  
Excavating Inc.**



**THE LIBERTY STORE**  
EST. 1987  
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Steve's Lawn Care



**NORMAN J. CHIRCO LAW**



**F. J. Pompo & Company, PC**  
Certified Public Accountants



*5th Annual  
**TURN 4  
a Cure**  
Breast Cancer Walk*

2682 Turnpike Road  
Auburn, NY 13021

# 5th Annual **TURN 4 a Cure** Breast Cancer Walk



**ALL WALKERS  
WELCOME!**

Register to receive  
a walk appreciation  
gift!

**October 13, 2019**  
**Dickman Farms**  
13 Archie St., Auburn

Proceeds to benefit  
**UPSTATE**  
CANCER CENTER  
Breast Cancer Research



**9am registration; 10am walk**