

# "Walk for Hope"

## REGISTRATION FORM

Gateway Christian School Football Field, Saturday October 12, 2024

4:00 p.m.-8:00 p.m.

INCOMPLETE FORMS WILL NOT BE ACCEPTED! !

TEAM NAME:

TEAM CAPTAIN:

PHONE:

Email

- Registration must include a non-refundable commitment fee as listed for each participant. MANDATORY registration fee is \$20 per person.
- Make checks payable to: Walk for Hope
- For more information, email [walkforhoperoswell@gmail.com](mailto:walkforhoperoswell@gmail.com) OR text 575-637-8132
- Please return forms with payment to Kathi at Majestic Communications, 5206 W. 2<sup>nd</sup> (M-F 8am to 4pm). Email if you can't make it during these times.

### PARTICIPANT WAIVER: (PLEASE READ BEFORE SIGNING) \*PARENTS MUST SIGN FOR MINOR CHILDREN\*

As a participant in the Chaves County Cancer Fund "Walk for Hope" for myself, my executor, administrators, and assignees, I hereby release and discharge the Chaves County Cancer Fund "Walk for Hope," the event site, their management, their officers, members, sponsor, organizers, or their representatives or successors, and all cooperating business and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of participation or that of my child in this event. I give my full permission for the use of my name and photograph in this event. I also give my permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital or other medical facility for further treatment.

Name (first/last): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email address: \_\_\_\_\_ Signature: \_\_\_\_\_

(Check as appropriate) \_\_\_\_ I am a cancer survivor \_\_\_\_ \$20.00 participant fee: \_\_\_\_ check \_\_\_\_ cash

Circle shirt size:    YS    YM    YL                      S    M    L    XL    XXL    XXXL

Name (first/last): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

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Circle shirt size:    YS    YM    YL                      S    M    L    XL    XXL    XXXL

Team Name: \_\_\_\_\_ Team Captain: \_\_\_\_\_ Phone# \_\_\_\_\_

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