

8TH ANNUAL

Walk for Cancer

September 28, 2019

CURE



Registration Deadline: September 11, 2019 • Sponsored by JOY Senior Adult Fellowship
North Raleigh United Methodist Church Parking Lot • 8:30 a.m. Check-in • 9:30 a.m. Walk Begins

This event is held in memory of those who have battled cancer and in honor of those who are currently battling cancer. The proceeds will be donated to the American Cancer Society to be used for research.

REGISTRATION & INDEMNITY FORM FOR PARTICIPANTS

Name: _____ Age (opt.) _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Registration fee of \$20 (includes bottled water and tee shirt). Please make check payable to JOY. The last day to register is September 11, 2019. A donor sheet will be given to all members of JOY to collect donations for Walk for Cancer Cure even if you do not walk. Checks for donations should be made payable to the American Cancer Society.

Please choose shirt size: Small Medium Large X-Large No Shirt

PRIZES WILL BE AWARD IN THE FOLLOWING CATEGORIES:

- Most money raised
- Most laps completed
- Oldest participant who completes at least one lap
- Youngest participant who completes the most laps

EMERGENCY CONTACT

Name: _____

Home Phone: _____ Mobile Phone: _____

RELEASE & INDEMNITY AGREEMENT: I understand that participating in this recreational program involves risk of injury. These risks include weather, contact with and actions of other participants, slips/trips/falls & musculoskeletal injuries among others. I choose to participate in this even despite the risks. By signing this form, I acknowledge all risks of injury, illness, and death & affirm that I assume all responsibility of the activity and to follow reasonable rules of those in charge. I also agree not to sue the leaders of JOY of North Raleigh United Methodist Church or North Raleigh United Methodist Church. I further understand that JOY provides no insurance coverage for me. I have read this document thoroughly & understand that by signing below I am waiving my legal rights.

Signature: _____ Date: _____

Check the box if you will be eating lunch!