

Washington County Harvest of Hope Walk

Saturday, October 15, 2016

Cornucopia Farm – Registration from 8:30-9:00 a.m.

Participant Registration Form

Name: _____

Street Address: _____

City, State Zip _____

Phone #: _____

Email: _____

Check all that apply:

- I am a Cancer Survivor!
- I am a Caregiver to someone who is currently fighting cancer.
- I am a Caregiver to someone who once had cancer.
- I am a Caregiver to someone who lost their battle with cancer.

*As a participant in this event, for myself, my executor, administrators, and assigns, I do hereby release and discharge the American Cancer Society, the event site, their management, their officers, members, sponsors, organizers, or their representative, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my 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 full 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 for further treatment.

Participant/Guardian Signature: _____ Date: _____

