



Date **On Line** Reg: _____

Type (circle): **USD** or **M.N.**

- PayPal \$ _____
- Other payment \$ _____
- Registration Packet Received
- Cancer Survivor

San Felipe Cancer Walk – February 20, 2016
Organized by San Felipe Cancer Society in cooperation with
Rotary Club of San Felipe,
S.F.A.R.P. and Club Las Amigas

On Line Registration Form and Waiver

Name of Walker _____ Age _____ T-Shirt Size _____

Postal Address _____ State _____ Postal Code _____

Telephone (____) _____ E-mail _____

8:30 a.m. On Site Registration Opens
9:00 a.m. Opening Ceremony
9:30 a.m. Walk Begins at San Felipe Arches

Registration Fee: Adult - \$25.00 USD - (\$400.00 M.N.)

Student - \$15.00 USD - (\$250.00 M.N.)

Funds raised will be used for local cancer education; screening; and assisting with treatments of San Felipe Residents. Donations of larger amounts will be graciously accepted.

Walking Participants must read and sign the following:

Waiver and Hold Harmless Agreement by San Felipe Cancer Walk (SFCW) Participant

I hereby waive any and all claims I may have at any time, and any and all claims which might otherwise be made by, or on behalf of, or on account of me, or by any person or entity in any way as my subrogates against the San Felipe Cancer Walk Organization, Rotary International, Rotary Club of San Felipe, San Felipe Club Las Amigas, San Felipe Association of Retired Persons, their officer, directors, employees, agents, members, guests, invitees, and any person who would be lawfully entitled to indemnification from any of them for any liability to, or on behalf of, or on account of me, for any injuries or damages of any kind whatsoever arising on account of or in consequence of my activities or participation in the SFCW, or in any other way related to the SFCW. I further agree to hold the San Felipe Cancer Walk Organization, Rotary International, Rotary Club of San Felipe, San Felipe Club Las Amigas, San Felipe Association of Retired Persons officers, directors, employees, agents, members, guests, and invitees, safe and harmless from any expense for defense, settlement, payment of damages or other expenses relating in any way to injuries sustained by me in any way related to the SFCW. I recognize and assume all risks and danger involved in my participation, and will not under any circumstances rely upon the care, attention, or assurance of anyone other than myself for matters relating to my safety.

Walker's Printed Name _____

Walker's Signature _____ Dated this _____ day of _____, 2016

Registrants may mail their Registration Form and Checks, payable to:

San Felipe Cancer Society

PMB 566, PO BOX 9005, Calexico, CA 92232-9005

www.sanfelipecancersociety.org or FB: sanfelipecancersociety