

Participant Registration

Contact Information

****Pre-registration by 8/31 guarantees t-shirt.**

Name			
Street Address			
City ST Zip Code			
Home Phone			
E-Mail Address			Emergency contact:
Are you a Survivor?	<input type="radio"/> YES	<input type="radio"/> NO	Years as a Survivor:
Minor children in attendance			

"I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT FOR MYSELF AND/OR MINOR CHILDREN IN ATTENDANCE. I am releasing Community Memorial Hospital, Staunton Chamber of Commerce, Staunton Chamber of Commerce Members, City of Staunton and event organizer and/or sponsors and/or volunteers and their representatives and waiving any claims, liability, demands, action, rights of action, or whatsoever kind or nature, which he/she/they have or may hereafter have, arising out of, in consequence of, and on account of participation in the Walk for a Cure. I understand that participation in the event is voluntary. I understand the accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law."

SIGNATURE (age 18yrs. or above) Date (Under age 18 yrs.) PARENT/LEGAL GUARDIAN SIGNATURE Date

Children must be accompanied by an adult. No Registration Fee for children under age 12.

Registration Fees: *(Include payment with form. Make checks payable to "Staunton Walk for a Cure.")*

- \$20 participant including tee-shirt
- \$10 participant only

Select Tee-shirt size and how many: **Additional tee-shirts \$10**

Adult: Small ____ Medium ____ Large ____ XL ____ XXL ____ XXXL ____

Youth: Medium ____ Large ____

Make checks payable to: "Staunton Walk for a Cure"

Total amount due: \$ _____

Mail Registration + Fees to: Community Memorial Hospital

Attn: Sue Laughlin

400 Caldwell

Staunton, IL 62088

