

CARE Walk Registration Form

Saturday, May 14, 2022 • 9:00 am

Registration & Opening Events at 8 am

Oakwood High School • www.carewalk.org for more info

Name _____

Please PRINT clearly

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

(Please include email so we may contact you with updates regarding the walk and future events. CARE Walk will never share or sell email addresses or other participant information.)

Age (if under 18) _____

Are you a cancer survivor? Yes No

Please check one entry level:

Total \$ _____

\$25 adult

\$15 student

\$55 family

Please list names and ages (if under 18) of additional walkers in family:

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Order t-shirts and swag online at carewalk.lizardapstore.com by April 22

Additional Donation \$ _____

Grand Total \$ _____

Make checks payable to CARE Walk

Mail to CARE Walk, 219 Orchard Drive, Dayton, OH 45419-1722

Credit Card Payments: To pay by credit card, please visit www.carewalk.org and register online.

Release: In submitting this entry, I declare that I intend to be legally bound for myself, my heirs, and executors and waive, release, and forever discharge all my rights and claims which I may hereafter accrue against CARE Walk, the Breast Cancer 5K CARE Walk, the City of Oakwood, The Dayton Foundation, CARE Walk sponsors and volunteers, and their officers, directors, agents, successors, and/or assigns for any and all injuries suffered by me at the event, while traveling to and from the event, or while participating in the CARE Walk. I attest and verify that I am physically fit and sufficiently trained for the rigor of this event. I understand that I may be photographed and agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the pre-mentioned parties.

Participant's or Guardian's Signature

(Guardians must sign for all participants under 18)