

**SAN DIEGO WALK • SATURDAY, MAY 9, 2009 • 3K/5K CHALLENGE WALK**



Mail this form to:  
 City of Hope Walk for Hope  
 Attn: Sherri Edell  
 5090 Shoreham Place, Ste 212  
 San Diego, CA 92122

3k Walk     5k Challenge Walk

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt.# \_\_\_\_\_ (circle one) Home Work

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (circle one) Home Work Employer/Company Name \_\_\_\_\_

Team Name \_\_\_\_\_

Chapter Number (if applicable) \_\_\_\_\_ (circle one) M F \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

**Walk for Hope 2009 waiver**

**WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

In consideration of being permitted to participate in Walk for Hope to Cure Breast Cancer (the "Event") as a walker, runner, volunteer, or in any other capacity, I, for myself and for my heirs, next of kin, assigns and personal representatives:

1. Represent that I am qualified, in good health and in proper physical condition to participate in the Event. If at any time during my participation in the Event I feel my physical condition no longer allows me to participate safely or I believe the Event becomes unsafe, I will immediately stop my participation.

2. Acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my participation in the Event. The risks include, but are not limited to, weather, equipment, actions of other people including but not limited to event officials, other participants and volunteers, spectators, sponsors, event monitors, producers, organizers, police and municipal workers and operators of motor vehicles in or around the area in which the Event will take place. Being aware of these risks and dangers, I have voluntarily elected to participate in the Event and I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT.

3. I HEREBY AGREE NOT TO SUE AND TO RELEASE, DISCHARGE, WAIVE, HOLD HARMLESS AND TO INDEMNIFY CITY OF HOPE AND ITS AFFILIATES and their respective officers, directors, employees, volunteers, sponsors, advertisers, participants, agents and representatives, and all other sponsors, organizers, volunteers, officials, medical workers, producers, lessors and organizers and any involved municipalities or other public entities and each of the directors, officers, employees, agents, representatives, successors, heirs and assigns of any of the above individuals and entities (collectively and individually "Releasees") FROM AND AGAINST ALL LIABILITIES, CLAIMS, DEMANDS, LOSSES, DAMAGES, SUITS AND PROCEEDINGS, REGARDLESS OF THE CAUSE, INCLUDING THE NEGLIGENCE OR CARELESSNESS OF ANY RELEASEE, ARISING OR RESULTING FROM MY PARTICIPATION IN THE EVENT.

I have read this agreement and understand that I have given up substantial rights by agreeing to it. I have signed this agreement freely and voluntarily without any inducement or assurances of any nature. I agree that if any portion of this agreement is held to be invalid, the balance shall continue to be in full force and effect.

**USE OF PHOTO, VIDEO OR FILM LIKENESS**

In consideration of being permitted to participate in the Event, I irrevocably grant to City of Hope the right and permission to use my recorded voice, image and likeness in any medium including, without limitation, video, photograph, film and tape, for any lawful purpose.

By (Signature) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_, 2009

Print Name \_\_\_\_\_

**PREREGISTRATION (nonrefundable)**

MAKE CHECKS PAYABLE TO CITY OF HOPE. PLEASE DO NOT SEND CASH. DO NOT STAPLE OR TAPE CHECK TO ENTRY FORM. **ENCLOSE MATCHING GIFT FORM WITH THIS FORM.**

**TO REGISTER WITH A CREDIT CARD BY PHONE, PLEASE CALL 858-452-6846**

**LAST DAY TO MAIL May 1, 2009**

Adult \$30 \$ \_\_\_\_\_  
 Youth (12 and under) \$20 \$ \_\_\_\_\_  
 USD students with valid I.D. \$20 \$ \_\_\_\_\_  
 Additional donation(s)\* \$ \_\_\_\_\_  
 I will not attend, but please accept my donation of \$ \_\_\_\_\_  
**TOTAL ENCLOSED \$ \_\_\_\_\_**

**Please note, event day registration is \$35 for adults, \$25 for youth and \$25 for USD students.**

I do not wish to receive a T-shirt or any other incentive prizes.

**T-SHIRT SIZE:**

YM    YL    S    M    L    XL    XXL  
 (Youth)                      (Adult)

*Pick up your shirt on event day.\*\**

I am a first time Walk for Hope participant.     Yes  No

I am a breast cancer survivor and am willing to be contacted by City of Hope.

How did you hear about us? \_\_\_\_\_

\*Please note that donations, including matching gifts, must be received by City of Hope no later than 30 days after the Walk event to qualify for incentive prizes.  
 \*\*City of Hope cannot guarantee that your T-shirt size will be available on event day.