

2011 REGISTRATION FORM FOR WALKER

September 10, 2011



PLEASE PRINT CLEARLY:

Name: _____
(Last) (First) (Middle initial)

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone (H): _____ Phone (C): _____

Email: _____

Date of Birth: _____ Sex: Male Female

Team Name: _____ (Optional)

Are you an ovarian cancer survivor? YES NO

T-Shirt Size

S M L XL XXL

Fees and Donations

I am registering myself as a Walker \$ _____
Registration Fee \$20

Payment

Check made payable to **SAOC**

Mail check and registration form to: Judy Budny, 97 Mitchell Ave, Medford, MA 02155

Or register online at www.sistersagainstoc.org. Must have a valid email address to register online.

You MUST read the following waiver before signing.

Please accept my entry into the Sisters Against Ovarian Cancer 2011 Walk. My acceptance as evidenced by my signature below will confirm that I have read and understand the following:

I understand that this Event may include risks such as, but not limited to, falls, interactions with other participants, effects of weather, traffic & conditions of the road. I assume all responsibility for any injuries and damages that may result from my participation in this Event. As a condition of my entry, I hereby expressly assume all risks, including personal injury and death, in any way associated with this Event. I also hereby for myself, my heirs and assigns, executors and administrators, release, exempt, indemnify and agree to hold harmless Sisters Against Ovarian Cancer, Event sponsors, Event subcontractors, Event staff, Event volunteers, and cities/towns/municipalities through which the Event passes and properties on which Event festivities will take place, and any agents thereof, from all claims, damages, demands, and causes of action, present or future, whether they result from, arise out of or are incident to my participation in the Event. I understand that as a condition of my participation in the Event, I certify that I will abide by all Event rules. By signing below, I certify that I have read, understand, and agree to the terms outlined herein.

I agree to the terms and conditions of the above waiver:

Participant's signature _____

Signature of Guardian (if Participant is under 18) _____

NOTE: Incomplete registration forms cannot be processed. Please review carefully before handing in.