

2017 REGISTRATION FORM FOR WALKER

September 9, 2017

Stone Zoo, Stoneham, MA

Registration begins at 8:30am

Walk begins at 9:30am



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 \$25

Payment

Check made payable to **SAOC**

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

You can also register the day of the Walk.

You MUST read the following waiver before signing.

Please accept my entry into the Sisters Against Ovarian Cancer 2017 and

please

include

the

walker's

name

in

the

in---honor---of

field. 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.