

Wickenburg Walks to ~~Boots~~ Breast Cancer

October 20, 2024 at Stone Park in Downtown Wickenburg
7:00 a.m. Registration ~ 7:45 a.m. Opening Ceremony ~ 8:00 a.m. Walk Begins

Choose an Event: 1 Mile or 5K Virtual

Last Name		First Name	
E-mail Address			
Mailing Address			
City		State	Zip Code
Phone		Team Name	

T-Shirt Size
(circle one)
Adult
S M L XL 2XL 3XL
Youth
S M L
Survivor (pink) T-shirt
No T-shirt
Form must be
received by 9/27 to
get a shirt

REGISTRATION FEE

Breast Cancer Survivor	\$20	_____
Adult (18 years and up)	\$30	_____
<u>After 8/31/24</u>	\$35	_____
Youth (17 years and under)	\$15	_____
Yes! I'd like to add a tax-deductible donation of	\$	_____
TOTAL	\$	_____

Payment Type: Cash _____ **Check #** _____

Make Checks Payable To:
Wickenburg Breast Cancer Network
Return this form to Team Captain or mail to:
WBCN
PO Box 3302
Wickenburg, AZ 85358
Keep a copy of this form for your
tax records.
OR
Register online at
wickenburgbootsbreastcancer.org

WAIVER AND RELEASE all participants or parent/guardian (if under 18 years)

I am a voluntary participant in the October 20, 2024 walk sponsored by WICKENBURG BREAST CANCER NETWORK, INC. I am in good physical condition. I know that this event is a potentially hazardous activity and hereby assume full responsibility for any injury or accident which may occur during my participation in this event or while I am on the premises of this event. I hereby release and hold harmless and covenant not to sue the Town of Wickenburg, Wickenburg Breast Cancer Network, Inc. any affiliated individuals including those individuals organizing this event in Wickenburg, any race sponsors and their agents, and employees and all other persons or entities associated with this event (the Releasees) from any loss, liability, or claims I may have or which may arise from my participation in this event including personal injury, or damage suffered by me or others, whether same be caused by falls, contact with other participants and their animals, conditions of the course, negligence of the releasees or otherwise. Dogs must be leashed at all times. I understand that WBCN will be taking photos for use on social media and its website wickenburgbootsbreastcancer.org

Participant's Name _____ Signature of Participant _____ Date _____
(or Parent/Guardian if under 18)

ENTRY FORMS MUST BE RECEIVED BY 4:00 P.M. ON 9/27/24 TO RECEIVE A T-SHIRT
Register by August 31 to be eligible for a special prize drawing.