



Mary Washington Healthcare Breast Cancer Walk 2011

October 22, 2011

Registration 8:00 am – 8:25 am / Walk Begins 8:30 am

REGISTRATION FORM

Our mission is to increase awareness of breast cancer, celebrate breast cancer survivors, and raise money for Mary Washington Hospital Foundation's Breast Cancer Fund which supports breast cancer initiatives in our community.

- Walk will start and end at the Regional Cancer Center Building located at 1300 Hospital Drive and will include a route around the MWH campus and along Cowan Blvd. Total of 2.2 miles.
- A free educational forum will be held immediately following the walk featuring oncologist, Christopher Vaughn, MD and a breast cancer survivor
- Events will take place rain or shine

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

WALK REGISTRATION:

\$25 _____ (Pre-registered)

\$30 _____ (On-site)

- Includes T-Shirt: Size **S M L XL XXL** * T-Shirts are guaranteed only until 10/5/11
- I am unable to walk, but would like to make a donation \$ _____
- Corporate Challenge: Companies are invited to sponsor their employees

Walkers _____ X \$25 = \$ _____

PLEASE NOTE: Each walker must have a completed registration form and signed waiver

- You may also register online until 10.19.11 by visiting www.MaryWashingtonHealthcare.com, click Giving, then Donate Online.

PAYMENT INFORMATION:

Enclosed is my check in the sum of \$ _____

Please make check(s) payable to: **MWH Foundation (Reference Breast Cancer Walk in the memo)**

Please charge my registration to: Check one — Visa MasterCard

Credit Card Account Number: _____ Expiration Date: ____/____

Name (As it appears on credit card): _____

Cardholder Signature: _____

BREAST CANCER FORUM:

October 22, 2011, 10:30 am-11:30 am

2nd Floor Auditoriums at the Carl D. Silver Building, 1301 Sam Perry Blvd.

Yes, I would like to attend the Forum (free of charge)

Please mail this form and your check(s) to:

Oncology Resource Services, Attention: Breast Cancer Walk

5000 Southpoint Parkway, Fredericksburg, VA 22407.

Call 540.741.1862 for more information.





Mary Washington Healthcare

ASSUMPTION OF RISK, RELEASE AND PERMISSION

MWHC Breast Cancer Walk involves walking – an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in the MWH and related activities.

It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to attend or participate in this event.

I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue Mary Washington Healthcare, its entities, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at his event and related activities – whether resulting from the negligence of any of the above or from any other cause.

I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect.

I grant full permission in perpetuity to the organizers of this event to use, re-use, publish and re-publish my name and image as a participant in the event in photographs, video or other recordings.

I have read, understand and agree to the terms of this agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.

Signature

Date