

Participant Registration Form

2025 Cancer Walk



☐ Individual - \$25/person

☐ Cancer Survivor – FREE

Name: _____ Phone#: _____

Address: _____ Email address: _____

Group or Sponsor Name (if applicable): _____

*If registering as a group, please turn in a separate form for each individual that is participating in the group.

(Adult Shirt Size) ☐S ☐M ☐L ☐XL ☐2XL ☐3XL

(Child Shirt Size) ☐S ☐M ☐L ☐XL

*Availability of a t-shirt on the day of the walk is not guaranteed if registration is not turned in by **August 31st**.

If applicable, I am walking in memory/honor of: _____

Agree to Waiver

I understand that in order to participate in this event, I agree to assume all rights and to release and hold harmless the sponsors of this event and their affiliates, volunteers, officials, walk leaders, participating communities, clubs, all government and public entities, including, but not limited to state, county and local municipalities where the events take place. I understand and agree that this release applies to personal injury, property damage or death even if caused by negligent actions, omissions or others. I understand that by agreeing to this release, I am assuming full responsibility for any and all risk of death, injury or property damage suffered by me while participating in this event. I understand that the use of my name and photograph, video or any other record of my participation may be used for promotion of the event.

Signature (Parental Signature if under 19): _____ **Date:** _____

Checks payable to: Chase County Hospital Foundation

Mail to: CCCH & Clinics-2025 Cancer Walk – c/o Michelle Mandeville - PO Box 819; Imperial, NE 69033

(308) 882-7310 or mmandeville@chasecountyhospital.com

Visit us on the web at www.chasecountyhospital.com