

# Participant Registration Form

## 2023 ALL CANCER COLOR WALK in Wauneta

October 7<sup>th</sup>, 2023 at 9:30 am with registration at 9:00 am

\*Further details for that day will be posted the week of the walk\*

- Individual - \$20/person                       Group of 4 or more - \$15/person
- Children 5 & under - \$12/person                       Children 5 & under (no t-shirt)-free
- Cancer Survivor – FREE                       Sponsored by: \_\_\_\_\_
- “Hope Comes in All Colors” Bracelets - \$5     Shirts Ordered Online @ [ccchcancerwalk.susiesapparel.com](http://ccchcancerwalk.susiesapparel.com)

\*If You Ordered Online We Would Like You to Still Fill Out This Form Completely\*

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

Group 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  4XL  5XL

Child Shirt Size  S  M  L  XL

Color of Shirt: \_\_\_ White \_\_\_ Light Grey \_\_\_ Red \_\_\_ Yellow  
\_\_\_ Orange \_\_\_ Pink \_\_\_ Purple \_\_\_ Blue \_\_\_ Green

\*Availability of a t-shirt on the day of the walk is not guaranteed if registration is not turned in by **September 22<sup>nd</sup>\***

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-2023 All Cancer Color Walk – c/o Jaime Hiatt - PO Box 819; Imperial, NE 69033

(308) 882-7256 or [JHiatt@chasecountyhospital.com](mailto:JHiatt@chasecountyhospital.com)

Visit us on the web at [www.chasecountyhospital.com](http://www.chasecountyhospital.com)

