2019 **BCAN WALK TO END BLADDER CANCER**

REGISTRATION FORM

PARTICIPANTS

FIRST NAME LAST NAME

- ☐ ADULT
- ☐ CHILD
- ☐ SURVIVOR

- ☐ ADULT
- ☐ CHILD
- ☐ SURVIVOR

- ☐ ADULT
- ☐ CHILD
- ☐ SURVIVOR

WALK CITY TEAM NAME

NUMBER AND STREET

CITY STATE ZIP/POSTAL CODE

PHONE EMAIL ADDRESS

T-SHIRTS

ADULT SIZES CHILD SIZES

____ S ____ M ____ L ____ XL ____ XXL ____ M ____ L

CARDHOLDER INFO

FIRST NAME LAST NAME

CARD NUMBER EXPIRATION DATE

CHARGE AMOUNT TODAY'S DATE

SIGNATURE

$25 ADULT $5 CHILD (UNDER 18 YEARS). CHECKS CAN BE MADE OUT TO **BCAN**
OR REGISTER ONLINE AT **WWW.BCANWALK.ORG**

LIABILITY WAIVER. MUST BE SIGNED TO REGISTER.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against BCAN and any affiliated individuals, the BCAN Walk, and any affiliated individuals, and any Event sponsors and their agents and employees, and all other persons or entities associated with this event (the "Releases") from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the releases or otherwise. I also give my full permission to all to use any photographs, videotapes, or other recordings of me that are made during the course of this event. This applies for all participants, including child registrants.

SIGNATURE. (PARENT SIGNATURE IF UNDER 18.)