



**HOPE 4 L.Y.F.E**  
**3K Walk Registration Form**  
**Saturday, October 7, 2017**



All participants are required to complete this form.

In order to ensure that participants receive a Hope 4 L.Y.F.E. packet, this form along with a minimum \$25 donation must be received by October 1st, 2017. Participants who wish to receive a packet please make all donations to Hope 4 L.Y.F.E. For further information, please contact (305) 988-9298 or via e-mail [hope4lyfe.org](http://hope4lyfe.org) Thank you.

**On-Site Registration Begins @ 5:30 AM & Walk Begins @ 7:30AM**

**PARTICIPANT INFORMATION:**

Last Name, First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

**A minimum \$10 donation is required to receive a walk T-Shirt while supplies last.**

- Yes - I will give \$25 for my participation in the Hope 4 L.Y.F.E. Walk
- Yes - I will give \$15 for my participation in the Hope 4 L.Y.F.E. Walk **(MILITARY ONLY)**
- Yes - I will give \$5 for my Childs participation in the Hope 4 L.Y.F.E. Walk **(up to 21 with Student ID)**
- Yes - I will give a \$10 donation for a Hope 4 L.Y.F.E. Walk T-Shirt
- Yes - I will give a donation of \$\_\_\_\_\_ to the Hope 4 L.Y.F.E. Walk

**PLEASE CHECK ONE:**

(5 Persons/\$100.00) member. Please list Team Name: \_\_\_\_\_ participate as a team

Name #1: \_\_\_\_\_ Name#2: \_\_\_\_\_

Name #3: \_\_\_\_\_ Name#4: \_\_\_\_\_

Name #5: \_\_\_\_\_

**T-SHIRT SIZE - PLEASE CHECK ONE**

SMALL     MEDIUM     LARGE     XLARGE     2XLARGE     3XLARGE

**WAIVER - EACH PARTICIPANT/ WALKER MUST READ AND SIGN BELOW:**

I, the undersigned, agree to indemnify and hold the County of Miami-Dade, City of South Miami all departments including Police Department, Chicks N' Wings and all Sponsors harmless from all cost, expenses and liabilities arising out of my participation in the Hope 4 L.Y.F.E. (Live Your Future Everyday) SOMI 3K Breast Cancer Awareness Walk. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act, or failure to act by the City of South Miami, as well as either of their officers, agents or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from such event. Important: all participants under the age of 18 must have this form signed by a parent or legal guardian.

Participant/Walker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature (If participant/walker is under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable Hope 4 L.Y.F.E. Memo: Breast Cancer Walk 2017  
 Mail all donation to: Hope 4 L.Y.E.E., 10918 SW 184<sup>TH</sup> Street, Miami, Florida 33157  
 Hope 4 L.Y.F.E. Target Goal Thermometer is \$100,000  
 Additional information on How to Register available online at [www.hope4yfe.org](http://www.hope4yfe.org)