



# PRAISE OUT CANCER

## BREAST AND PROSTATE CANCER AWARENESS

# WALKATHON



## REGISTRATION FORM

### PRAISE OUT CANCER ON THE MOVE FOR A CURE



Walking



Biking



Running



Motorcycling



Dancing

# SAT MAY 4, 2024 8:00 AM

WALKATHON REGISTRATION AND VENDOR SET UP BEGINS AT 7:00 AM  
REGISTRATION FEE \$15 ( UNDER 12 FREE) - T SHIRTS (AT SITE) \$12

# VANCE COMMUNITY PARK

465 CAMDEN ROAD, VANCE, SC 29163



### THE PRAISE OUT CANCER FOUNDATION

 172 Park Circle  
Branchville, SC 29432

 803.614.1195

 [www.praiseoutcancer.org](http://www.praiseoutcancer.org)

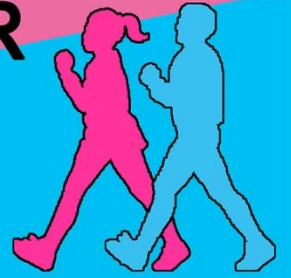
 [praiseoutcancer@gmail.com](mailto:praiseoutcancer@gmail.com)



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AWARENESS

## WALKATHON



### INDIVIDUAL REGISTRATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

ex: myname@example.com

### REGISTRATION

\_\_\_ Registration for one person: \$15.00

\_\_\_ Registration and T Shirt: \$27.00 Size \_\_\_

T Shirt can be picked up at the walkathon.



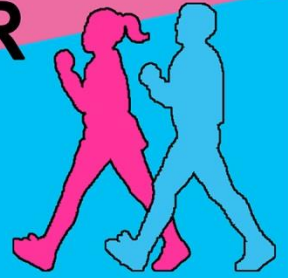


# **PRAISE OUT CANCER**

## **BREAST AND PROSTATE CANCER**

### **AWARENESS**

# **WALKATHON**



#### **RELEASE AND WAIVER OF LIABILITY**

In consideration of the right and ability to participate in the Praise Out Cancer Foundation, LLC Cancer Awareness Walkathon (hereinafter "the Walk"), I hereby waive and release the Praise Out Cancer Foundation, LLC ("POCF"), its directors, officers, administrators, representatives, volunteers, agents, supervisors, participants, all city and state governments, assigns, all sponsors, their representatives and successors and other persons (collectively, the "Releasees"), from any and all claims, liabilities, or causes of action arising out of an injury to me (or my children) and from any and all claims, liabilities, or causes of action arising from my (or my children's) participation or attendance in this event.

#### **Inherent and Potential Risks**

I understand that the Walk involves strenuous physical activity and requires advance training. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating in the Walk relating to the risk of strenuous physical activity. I acknowledge that I (or my children) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume risks from contact with other participants and volunteers, collisions with other participants, vehicles, and pedestrians, negligent or wanton acts of other participants and volunteers, failure of other participants, volunteers and non-participants from observing the guidelines of the Walk or any applicable laws, any defects of conditions of premises, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity.

I assume all risks associated with consuming any food or beverage available at the event. I am solely responsible for any adverse health effects from food or beverage consumption, regardless of any allergy, known or unknown, that I (or my children) may have.

I agree to dress myself (and my children) appropriately as to mitigate risk of physical injury to myself (and my children) including, but not limited to: wearing shoes appropriate for physical activity involved in the Walk; and dressing appropriately in conjunction with the weather.

I agree that the Releasees are not responsible for any personal items or property misplaced, lost or stolen before, during, or after the Walk.

#### **Medical Evaluation**

I attest that I (and my children) am (are) medically and physically able to participate in the Walk. If I experience any doubt as to my (or my children's) ability to successfully and safely participate in and/or complete the Walk, I take full responsibility for consulting a physician. I attest that, if I (or my children) am pregnant, disabled in any way, or have recently suffered any illness, injury, or impairment, that I (or my children) either should have or did consult a physician prior to participating in the Walk to confirm that it is appropriate for me (and / or my children) to participate in the Walk.

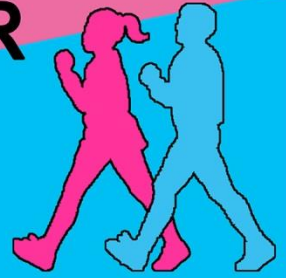


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# WALKATHON



I (individually and on behalf of my children) consent to emergency medical care and transportation in the event of injury to me (or my children) as any medical professional(s) may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to any negligence in emergency rescue operations.

#### Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue

In consideration for being permitted to participate in the Walk, and regardless of the actual day(s) I participate in the walk, by walking, running, cycling or by whatever means that I or my child/ren choose to participate in I voluntarily agree for myself, my children, my family, my heirs, assigns, executors and administrators to the following:

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me (or my children), or any loss or damage to property owned by me (or my children), as a result of participating in the Walk.
2. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my children), or to any property belonging to me (or my children), while participating in the Walk including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence or carelessness of the Releasees.

IF I AM A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18: I attest that I am in fact the parent or legal guardian of the minor(s) participant participating in the Walk. I hereby give my approval to my minor children's participation in the Walk. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my minor children and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my minor children's participation in the Walk. I consent to the foregoing and grant permission for my children to participate in the Walk. I attest that if my children, who participates in the Walk, will be accompanied by myself or an adult eighteen (18) years of age or older throughout their participation in the Walk.

By clicking the submit button below, I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

(Signature) \_\_\_\_\_ \*(Printed Name) \_\_\_\_\_