



Hope Walk
of Yates County
Event Registration Form
August 26th, 2023

Team and Participant Information

Team Name: _____

Name of Team Captain: _____

What is your experience with cancer? (Please check all that apply)

I have/had cancer Caregiver Other: _____

My relative has/had cancer My friend has/had cancer

The following should be filled out ONLY if you're a Survivor.

Will you be attending the Survivor dinner? Yes No

If yes, will you be planning on bringing a guest? Yes No

Contact Information

Full Name: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ T-Shirt Size: _____

Contact me about being an event sponsor: Yes No

Donations can be collected and submitted to your team captain or online using hopewalkofyatescounty.com.

Do you know a survivor we can invite to the survivor dinner? If so, please include their name, email and address. _____

Do you know someone who would like to be an event sponsor? If so, please include their name, email and address. _____

Release of Liability and Photography/Videography

In consideration for being allowed to participate in this event, I release from liability and waive my right to sue Hope Walk of Yates County and YCRR, their employees, officers, volunteers and agents (collectively "HWYC") from any and all claims, including claims of the HWYC's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this event, travel to and from the event (including air travel) or any events incidental to this event". Additionally, I agree that HWYC may use photographs or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

By signing and dating below, I agree to the release of liability above:

Signature

Date