



Date of Pre-Reg: _____

Type (circle): USD or MN

Check # _____

CASH _____

Registration Packet Received

Cancer Survivor

San Felipe Cancer Walk / Caminata Contra el Cancer, March 20, 2010

Organized by San Felipe Cancer Society

Proudly sponsored by Rotary Club of San Felipe,

S.F.A.R.P. and Club Las Amigas

Pre-Registration Form and Waiver

Name of Walker _____ Age _____ T-Shirt Size _____

Postal Address _____ State _____ Postal Code _____

Telephone (____) _____ CEL (____) _____ E-mail _____

8:00 a.m. Registration Opens

9:00 a.m. Opening Ceremonies

9:30 a.m. Walk Begins at San Felipe Arches

Registration Fee: Adult (\$25.00 USD) (\$325.00 MN)

Student (\$10.00 USD) (\$130.00 MN)

Funds raised will be used for local cancer education, screening and assisting with treatments of San Felipe

Residents. Donations of larger amounts will be graciously accepted.

Walking Participants must read and sign the following:

Waiver and Hold Harmless Agreement by San Felipe Cancer Walk (SFCW) Participant

I hereby waive any and all claims I may have at any time, and any and all claims which might otherwise be made by, or on behalf of, or on account of me, or by any person or entity in any way as my subrogates against the San Felipe Cancer Walk Organization, Rotary International, Rotary Club of San Felipe, San Felipe Club Las Amigas, San Felipe Association of Retired Persons, their officer, directors, employees, agents, members, guests, invitees, and any person who would be lawfully entitled to indemnification from any of them for any liability to, or on behalf of, or on account of me, for any injuries or damages of any kind whatsoever arising on account of or in consequence of my activities or participation in the SFCW, or in any other way related to the SFCW. I further agree to hold the San Felipe Cancer Walk Organization, Rotary International, Rotary Club of San Felipe, San Felipe Club Las Amigas, San Felipe Association of Retired Persons officers, directors, employees, agents, members, guests, and invitees, safe and harmless from any expense for defense, settlement, payment of damages or other expenses relating in any way to injuries sustained by me in any way related to the SFCW. I recognize and assume all risks and danger involved in my participation, and will not under any circumstances rely upon the care, attention, or assurance of anyone other than myself for matters relating to my safety.

Walker's Printed Name _____

Walker's Signature _____ Dated this _____ day of _____, 2010.

Registrants may mail their Registration Form and Checks, payable to:

San Felipe Rotary Foundation

P.O. Box 9011, PMB 370, Calexico, CA 92232

From US: 011.52.686.216.3237 // In Mexico: 044.686.216.3237

e-Mail: caminata@sanfelipecancersociety.org

Website: www.sanfelipecancersociety.org