



# West Deer Township Community Days Breast Cancer Walk/Run Registration Form

**August 4, 2018 10:30 a.m. Bairdford Park**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Runner's Emergency Contact Information: \_\_\_\_\_ Phone # \_\_\_\_\_

Registration Type:  Individual \$10.00 Are you a cancer survivor?  Yes  No  
(Each participant must complete a registration form and please fill out form completely)

Participation

T-Shirt Size:

<input type="checkbox"/> Adult Walker (Ages 18 +)	<input type="checkbox"/> Youth S	<input type="checkbox"/> Adult S
<input type="checkbox"/> Youth Walker (Ages 6 – 17)	<input type="checkbox"/> Youth M	<input type="checkbox"/> Adult M
<input type="checkbox"/> Child Walker (5 and under) FREE	<input type="checkbox"/> Youth L	<input type="checkbox"/> Adult L
<input type="checkbox"/> Adult Runner (Ages 18 +)		<input type="checkbox"/> Adult XL
<input type="checkbox"/> Youth Runner (Ages 6 – 17)		<input type="checkbox"/> Adult XXL

Payment Information:

I would like to make an additional donation to the West Deer Township Community Days Breast Cancer Awareness Walk/Run

Donation \$ \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_  
**Total Amount Enclosed** (Checks Payable to West Deer Township) \$ \_\_\_\_\_

Registration deadline is Monday, July 16, 2018. If submitted after July 16<sup>th</sup> you may not be eligible for a T-shirt. Payment must be received at time of registration. Please submit one registration form per person. Payments for multiple forms may be combined.

Shirts will be available for pick up at Bairdford Park on Thursday, August 2<sup>nd</sup> between 6 p.m. and 9 p.m. at the event tent on the field, or 9:30 – 10:15 a.m. on Saturday, August 4<sup>th</sup>.

Waiver: In consideration of the acceptance of my entry into this walk/run event, I knowingly waive any and all claims which may accrue to me, my heirs, my estate or my assigned against all sponsors, organizers and officials of this event including all of their agents, servants and employees for any damage whatsoever including injury, illness or death suffered by me in this event. I certify that I am aware of the physical stress involved in participation of this event and the consequent risk to my health and that I have made adequate preparation to participate. **Runners must provide Emergency Contact information in order to participate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if participate is under 18 years)

**Please return this form by July 16, 2018 to:  
West Deer Township Police Department Parks and Recreation  
109 East Union Road, Cheswick, PA 15024**