

# C.A.T. Walk & Fun Run Registration Form

(please print)



## CANCER AWARENESS & TREATMENT

### One form per person.

### For groups, please use form on back.

Incomplete or unsigned entries will not be accepted.

\_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Age on Day of Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Registration Fees (non-refundable)

- Youth age 5 and under are FREE!
- \$20 Individual (ages 6 - 12)
- \$30 Individual (ages 13+)
- \$30 Catnap: I am unable to attend this year, but please mail me an event t-shirt.

Gender  M  F

T-Shirt Sizes Children  Medium  Large

Adults  Small  Medium  Large  
 XL  2XL  3XL

- I am a cancer survivor and would like a survivor t-shirt.

**Yes! I want to make a tax-deductible donation to Support  
Cancer Awareness & Treatment options.**

- Enclosed is a \$ \_\_\_\_\_ tax-deductible donation payable to Tuality Healthcare Foundation.
- Credit card # \_\_\_\_\_
- Expiration date \_\_\_\_\_ CCV Code: \_\_\_\_\_
- Signature \_\_\_\_\_

We gladly accept Visa®, MasterCard®, American Express®, cash or check (payable to Tuality Healthcare Foundation).

### Employer

- \_\_\_\_\_
- My company has a matching gift program.

How did you hear about the C.A.T. Walk & Fun Run?

- At work  Friend/Relative  Mailing  Website
- Newspaper  Radio  Billboard  Facebook  Farmers' Market
- Racecenter.com  Email
- Other \_\_\_\_\_

### Waiver

I understand and agree that I am voluntarily participating in the C.A.T. Walk & Fun Run, through the Tuality Healthcare Foundation, at my own risk and my own request. In consideration of my entry, I, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge any and all rights, claims or damages against the Tuality Healthcare Foundation, Tuality Healthcare, any and all of our sponsors, the City of Hillsboro, Washington County, suppliers, vendors, agents, employees, and any other personnel in any way assisting or connected with this event. I attest and verify that I have full knowledge of the risks involved in the event, and that I am physically fit to participate in this event. I also give permission for the free use of my name, picture and voice for publicity or promotional purposes.

\_\_\_\_\_

Print participant's name

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature of parent or legal guardian if participant is under age of 18

\_\_\_\_\_

Date

**TualityHealthcare**  
**FOUNDATION**



## CANCER AWARENESS & TREATMENT

Group Name

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**Please complete all sections of the waiver. All information is needed for event timing and participation of event.**

**Must be signed by parent or legal guardian if participant is under age of 18.**

**Please remember to sign for yourself.**

Participant's Name	Signature of Participant or Guardian	Date of Birth	Complete Address (Include City, State, Zip)	E-Mail	Age	Shirt Size	M / F
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							