



Pearland Cancer Walkathon Registration

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ Email Address: _____

Organization Affiliation: _____

Survivor: Yes _____ No _____ If Yes, Cancer Type: _____

Cancer Patient: Yes _____ Cancer Type: _____ No: _____

Registration Type: Individual: (\$35); Groups: (\$300/10); Cooperation: (\$500) (3 T-shirts and a booth)

Team Captain Name: _____

Group Members: Name T-Shirt Sizes / Quantity

In consideration of this entry, I hereby for myself, my heirs, executors and administrators, waive any and all claims I may have for damages against the Southwyck and Silverlake Home Owners Association, Pearland Independent school District (PISD), the city of Pearland , and Ace Cancer Care Inc (ACCI), its sponsors, and all individuals associated with the event, their representatives and successors, and assigns for any and all injuries suffered by me in connection with the event, including pre- and post-Walk activities. I have been warned that I must be in good health to participate in this event, and I attest and verify that I am physically fit and have trained sufficiently for this event. I hereby grant permission to ACCI and its authorized agents to use my name and photographs, video tapes, motion pictures, recording and any other record of my participation in this event for any purpose. NO REFUNDS. Ace Cancer Care Inc. (ACCI) is interested in the health and well-being of each of the participants in the Walk 4 Love Ones-Walk 4 A cause Walk, February 23, 2019 held in Silverlake, Pearland, TX. ACCI may request information from the contracted ambulance service (hereafter referred to as emergency medical service, EMS) about the medical condition of you as a participant should an incident during the event which necessitates medical attention of you by "EMS". By signing this form you, as a participant in this event, hereby grant and authorize ACCI/ EMS to provide medical assistance and, upon the request of ACCI, release information to EMS and the event medical coordinator about your condition, including information which may be governed and protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), without other additional written authorization. You have the right to refuse medical care and advice from the event medical coordinator and "ACCI/EMS". In the event you need to be transported to a medical facility you authorize the ACCI to release the name of the medical facility to your family or responsible party. It is hereby agreed with your signature or with the signature of your responsible party you release and hold harmless Southwyck and Silverlake Home Owners Association, PISD, the city of Pearland , and ACCI for the disclosure of the requested information. I have read and understand the above information and I am authorizing the release of information to the event sponsors. I am voluntarily signing this form.

Payments: Check: Make out to Ace Cancer Care Inc. (Mail to 6011 Telephone Road, Houston TX 77087)

Online: www.Acecancercareinc.org

Onsite Registration: Cash or Credit Cards. Please. no checks