

# Power Of Pink

Breast Cancer Walk 2019

Registration  
and Donation  
Form

Saturday, October 5, 2019 | 7:30 a.m. Registration | 8:30 a.m. Start | 2.2 Miles | Rain or Shine!

The walk will start and finish in the large parking lot at the John F. Fick, III Conference Center below Mary Washington Healthcare (MWHC) Regional Cancer Center and Imaging Center for Women (ICW).

## How to Register or Donate\*

- Online at [powerofpink.mwhc.com](http://powerofpink.mwhc.com) through 12 p.m. on Friday, October 4
- By mail or in person: Complete form below, include check or credit card.
- **John F. Fick III Conference Center**  
Friday, October 4 | 3:00 – 6:00 p.m.  
1301 Sam Perry Blvd., Fredericksburg, VA 22401
- *If you are unable to participate but would like to make a donation to the Mary Washington Hospital Foundation Breast Cancer Fund, please complete the payment portion of the form below.*

## Packet Pick-up

- **John F. Fick III Conference Center**  
1301 Sam Perry Blvd., Fredericksburg, VA 22401
- Friday, October 4 | 3:00 – 6:00 p.m.
- Packets will NOT be mailed. Remaining packets may be picked up on the day of the event, beginning at 7:30 a.m.

\*\*\*\*Please complete one registration form for each participant and sign waiver on the back\*\*\*\*

Name: \_\_\_\_\_ **Breast Cancer Survivor:**  yes  no

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Registration Fee:**  \$30 Pre-Registration  \$35 Day of walk

**T-Shirts guaranteed until Friday, September 20**

**T-Shirt Size:**  Small  Medium  Large  XL  2XL  3XL  No Thank You

## Payment and Donation Information

Check enclosed  Visa  MasterCard  American Express  Discover  Cash  Donation Amount \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ CVV#: \_\_\_\_\_ (3 or 4 digit security code on credit card)  
(Mo. / Yr.)

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Title Sponsor

## Assumption of risk, release and permission

MWH Breast Cancer Walk involves walking – an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my attendance or participation in the MWH and related activities.

It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent that I am physically fit and able to attend or participate in this event.

I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue Mary Washington Healthcare, its entities, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at his event and related activities – whether resulting from the negligence of any of the above or from any other cause.

I agree that my assumption of risk and release hereunder shall be as broad and inclusive as is permitted under applicable law. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect.

I grant full permission in perpetuity to the organizers of this event to use, re-use, publish and re-publish my name and image as a participant in the event in photographs, video or other recordings.

I have read, understand and agree to the terms of this agreement.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing agreement, and I hereby agree on behalf of myself and Participant to its terms.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent of Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)

**\*\*\*Please complete one form for each participant\*\*\***

**Please make check payable to:** MWH Foundation (Tax ID #: 52-1342371)

**Return your completed form, check, or credit card information to:**  
MWH Foundation | 2600 Mary Washington Blvd. | Fredericksburg, VA 22401  
Please reference **Power of Pink** on check.

**Questions:** Phone: 540.741.1512 | Fax: 540.741.2685  
andrea.johnson@mwhc.com

[powerofpink.mwhc.com](http://powerofpink.mwhc.com)



**Mary Washington Hospital  
Foundation**