

2023 ethel precht
HOPE Breast Cancer Walk of WCCH

PARTICIPANT REGISTRATION FORM



The 2023 Ethel Precht HOPE Breast Cancer Walk of WCCH will take place on Saturday, October 21, at the Lake Charles Civic Center. The walk will begin at 8 a.m.

If you're registering by mail, please complete this form and return to the address below **by Friday, October 6, 2023**. Each participant must complete a registration form and waiver.

Participant Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alt. Phone:** _____

Email Address: _____

T-Shirt Size: *(while supplies last)*

ADULT:

___ **Small** ___ **Medium** ___ **Large** ___ **XL** ___ **2XL** ___ **3XL** ___ **4XL**

YOUTH:

___ **Small** ___ **Medium** ___ **Large**

Registration Fees:

- ___ **General Registration - \$30**
- ___ **Student (College/Grade School) - \$20**
- ___ **Kid Registration (12 and under) - No Charge**
(Kid t-shirts are available for a \$5 donation)
- ___ **Survivor - No Charge**

Registration Payment:

Please make checks payable to **WCCH Foundation**. If you are registering and/or paying for more than one participant, you may enclose one payment for all registration fees. Please note: we must have a completed registration form for each participant, including survivors, for individuals to be registered.

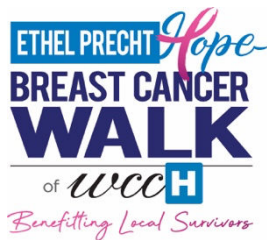
Please send payment to:

WCCH Foundation
ATTN: Ethel Precht Breast Cancer Walk
701 Cypress Street, Sulphur LA 70663

For more information, email breasthealth@wcch.com or call (337) 527-4144. To visit us online, scan the QR Code below:



 Follow us on Facebook: facebook.com/EthelBreastCancer



2023 Ethel Precht Hope Breast Cancer Walk of WCCU

Participant Event Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I am in sufficient physical condition to safely participate in this event.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director and/or his/her agent to secure from any first responder, hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. In the event I wish to refuse such assistance, I understand that the parties herein released shall not be responsible for my injury/emergency. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

As it applies to my participation in this race, I agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race. I agree to comply with any applicable state/federal/CDC guidelines with regard to my participation in the event I have recently tested positive for Covid and/or exposed to an individual who had Covid (as referenced by current CDC guidelines at www.cdc.gov).

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non-transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

Print Name: _____

Participant Signature: _____ Date: _____

Guardian Signature: _____