



Team members may make multiple copies of this form in order to sign up team members.

Each registrant MUST complete his or her form and sign it.

**WALK FOR LIFE INDIVIDUAL REGISTRATION FORM**  
*Option: Register for \$25 online at [palmettohealthfoundation.org](http://palmettohealthfoundation.org)*

*This paper registration form is only for Walk for Life. If you would like to register for 5K Race for Life, go to [palmettohealthfoundation.org](http://palmettohealthfoundation.org).*

**If you register using this paper form, do not register online.**  
Mail this completed form to Palmetto Health Foundation,  
Department #274, P.O. Box 100199, Columbia, SC 29202.

Miss  Mr.  Mrs.  Ms.  Dr. Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Male  Female

Shirt size:  S  M  L  XL  XXL

Are you a breast cancer survivor?  yes  no

**ALL WALKERS/RUNNERS MUST SIGN HERE.**

Agreement, Waiver and Indemnification: In consideration of being allowed to enter in the Walk for Life/5K Race for Life (the "Event") I agree, on behalf of myself and any minor that might accompany me (collectively where appropriate "we"), with Palmetto Health Foundation, Palmetto Health sponsors, volunteers and partnering organizations (collectively "Host") as follows: We hereby remise, release and forever discharge Host from, and agree to indemnify Host against any liability, cost or expense resulting from any and all actions, causes of action, claims and demands which we might otherwise have in respect of any injury, damage or loss that we might suffer, including, without limitation, falls, animal bites, food poisoning, accidental needle sticks, road and ground conditions, effects of weather (including heat and humidity) howsoever caused, whether by negligence or otherwise, of Host or any other person for whom Host is responsible. Host is not responsible for the enforcement of the rules of Host or any statutory or generally accepted rules in connection with the Event. We further agree that any failure to enforce such rules will not be deemed to be negligence on the part of Host, and we hereby waive all of our right to make any claim against Host in that regard. I attest that I am physically fit and prepared for the Event and will wear a helmet if skating. I agree to obey all applicable local and state traffic laws, rules and ordinances during my participation in the Event. I agree to comply with directions given by police officers, Host organizers and volunteers at the Event. I also give full permission for the use of my name and photographs taken in connection with the Event and give my consent to permit emergency treatment in the event of injury or illness while participating in the Event. I will not take pets of any kind to the Walk/Race in the park or along the route. I will not ride my bicycle during the Event. This Agreement, Waiver and Indemnification is good unless and until revoked by me in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

- My \$30 *Walk for Life* registration fee is attached.
- I have raised \$\_\_\_\_\_ in addition to my \$30 registration fee.  
*( Please attach additional donations to this registration form.)*
- I will be unable to walk but would like to donate \$ \_\_\_\_\_ to Palmetto Health Breast Center.

*Please make checks payable to Palmetto Health Foundation-WFL.*

*Donations are tax-deductible. Receipts will be issued only for individual contributions of \$250 or more. For contributions less than \$250, a cancelled check will serve as receipt. All registration fees and donations are non-refundable.*