



## **Pink Ribbon Walk in Port Canaveral**

### **Registration Form**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DONATION AMT. (\$20.00 MIN):** \_\_\_\_\_ **SHIRT SIZE: (WITH \$100.00 DONATION)** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**TEAM CONTACT:** \_\_\_\_\_

**WALK INFORMATION**  
GO TO [www.visitportcanaveral.com](http://www.visitportcanaveral.com)

#### **WAIVER OF LIABILITY**

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND HEREBY FOR MYSELF, HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGE I MAY HAVE AGAINST THE PORT CANAVERAL ASSOCIATION, THE CANAVERAL PORT AUTHORITY, CITY OF CAPE CANAVERAL, THE PORT FEST COMMITTEE, SPONSORS, OR VOLUNTEERS, THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNEES, FOR ANY AND ALL RISK/INJURIES SUFFERED BY ME AND/OR MY CHILD IN THIS EVENT. I HEREBY GRANT FULL PERMISSION TO THE PORT CANAVERAL ASSOCIATION AND/OR PORT FEST AND/OR AGENTS AUTHORIZED BY THEM TO USE PHOTOGRAPHS, VIDEOTAPE, RECORDINGS, AND ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE. I ALSO GIVE FULL PERMISSION FOR SUCH FIRST AID AS DEEMED NECESSARY TO BE PROVIDED TO ME AND/OR MY CHILD ON THE PREMISES OR PRIOR TO TRANSPORT TO HOSPITAL FOR FURTHER TREATMENT.

**PARTICIPANT/GAURDIAN SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE RETURN YOUR APPLICATION AND PAYMENT TO:**  
**PORT CANAVERAL ASSOCIATION**  
**PINK RIBBON WALK**  
**P.O. BOX 235**  
**CAPE CANAVERAL, FL 32920**

**IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION, PLEASE CONTACT:**  
**VONDA WELBORN, EVENT CHAIRMAN, PCA EXECUTIVE DIRECTOR AT (321)-403-7695**  
**[VWELBORN@VISITPORTCAVERAL.COM](mailto:VWELBORN@VISITPORTCAVERAL.COM) OR [WWW.VISITPORTCAVERAL.COM](http://WWW.VISITPORTCAVERAL.COM)**