



2ND ANNUAL PORT CANAVERAL PINK RIBBON WALK
REGISTRATION FORM

NAME: _____
ADDRESS: _____
EMAIL ADDRESS: _____
PHONE: _____
DONATION AMT. (\$20.00MIN.) _____ SHIRT SIZE (WITH \$100.00 DONATION): _____
TEAM NAME: _____
TEAM CONTACT: _____

WALK INFORMATION:

SATURDAY, OCTOBER 23RD, 2010
REGISTRATION BEGINS AT 7:30AM, WALK BEGINS AT 9:00AM
@CENTER STAGE BETWEEN RUSTY'S AND FISHLIPS
ON GLEN CHEEK DRIVE IN THE COVE AREA OF PORT CANAVERAL
RECOGNITIONS AND AWARDS CEREMONY WILL FOLLOW ON THE CENTER STAGE

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 RISKS/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 ANY PHOTOGRAPHS, VIDEOTAPES, 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/GUARDIAN SIGNATURE _____ DATE _____

PLEASE RETURN YOUR APPLICATION AND PAYMENT TO:

PORT CANAVERAL ASSOCIATION
PINK RIBBON WALK
PO Box 235
CAPE CANAVERAL, FLORIDA 32920

ALL PROCEEDS FROM THE PORT CANAVERAL PINK RIBBON WALK TO BENEFIT
THE BREVARD COUNTY AMERICAN CANCER SOCIETY
BREAST CANCER AWARENESS PROGRAM

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION, PLEASE CONTACT
VONDA WELBORN, EVENT CHAIRMAN, PCA EXECUTIVE DIRECTOR AT 321-403-7695
VWELBORN@VISITPORTCANAVERAL.COM OR WWW.VISITPORTCANAVERAL.COM