

Registration Form



Sunday, September 18, 2011

Please make check payable to: The Oral Cancer Foundation.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____

E-mail Address _____

1. By participating, all participants agree that their names and any footage or photographs taken during their participation in the Walk the Rock may be used for general publicity including any media distribution.
2. All participants enter this event entirely at their own risk. In consideration of my participation in the Walk the Rock event of September 18, 2011, I do hereby for myself, heirs, executors and assigns, forever release and forever discharge the organizers of the Walk the Rock event of September 18, 2011, as well as any other sponsor or association connected with this event, their representatives, successors and assigns from all claims arising out of any and all personal injuries, damages, expenses, and any loss or damage whatsoever resulting or which may result from my participation in said event, including traveling to and from said event. In addition, I hereby acknowledge that I recognize the risks involved in my participation in said event, and I do hereby state that I assume all risks inherent in the same.

ALL FEES ARE NON-REFUNDABLE

NO ONE MAY PARTICIPATE IN THIS EVENT WITHOUT SIGNING THIS OFFICIAL WAIVER.

Signature Required (Must be signed by a Parent or Guardian if under age 18)