# CANCER AID RESOURCE & EDUCATION, INC. (CARE)

125 NORTH MAIN STREET, SUITE 114
LAS CRUCES, NM 88001
575-649-0598
carelascruces.org

## 4th ANNUAL JUBILEE OF LIFE WALK

**DOWNTOWN, LAS CRUCES, NEW MEXICO**
**SATURDAY, SEPTEMBER 23, 2017**
**With The Big Event Parade – Staging Begins at 9:00 a.m.**

## Registration Form

**Please Print All Information**

**Event T-Shirt Cost is $20 Each OR Free if $100 is Fundraised for CARE. Pre-register and pay your $20 for your T-shirt OR submit your $100 fundraised by September 8 to guarantee your T-shirt.**

**Every participant or parent/guardian is required to complete this Registration Form which includes the Consent/Waiver of Liability Form (at bottom portion of form); to include children 17 years and younger. Top name portion is for participant; minors must complete first section of name portion and parents must complete Second section of name portion of information required. All participants and/or parents must sign and date this form. All proceeds go to benefit CANCER AID RESOURCE & EDUCATION, INC. (CARE). Please make checks payable to: CAASNM FOR CARE. Mail or deliver to above address.**

FIRST NAME
LAST NAME

*Age Grade Shirt SZ*

FIRST NAME
LAST NAME

Parents Name: _____

Age Grade Shirt SZ

STREET
CITY
PHONE – –
E-MAIL _____

**T-SHIRT PAID**
**☆CHECK #/AMOUNT**

Emergency Contact: Phone# :

Are you a cancer survivor? YES NO
Would you be interested in volunteering with CARE? YES NO
**Please indicate any allergies, medication, disabilities, or concerns:** _____

By signing below the participant agrees to participate in the above-mentioned activity and releases and indemnifies Cancer Aid Resource & Education, Inc. (CARE), its volunteers and agents, the City of Las Cruces from liability of personal injury or property damage that may result in participating in the activity. Participant is fully aware that there are foreseeable and unforeseeable inherent dangers, hazards to health/safety and risks of harm that could be life threatening involved in the activity. In addition, the participant agrees to the following:

I agree to abide by all policies and procedures concerning the activity that is provided or explained by a CARE volunteer. I recognize that the activity is not without risks and I agree to help minimize those risks by exercising reasonable judgment and due care for my safety. I attest that I am physically fit and capable of participating in this activity. I hereby grant full permission to use my name, photographs, videotapes, and recordings of this event for legitimate purpose without compensation/remuneration.

**Parent/Guardian Signature:** **Date:**

***"Cancer Aid Resource & Education, Inc. (CARE) – Las Cruces, NM Reserves the right to refuse service to anyone****