CANCER AID RESOURCE & EDUCATION, INC. (CARE)
125 NORTH MAIN STREET, SUITE 114
LAS CRUCES, NM 88001
575-680-5922 ~ 575-649-0598
carelascruces.org

Proudly Partnered With CAA COMMUNITY ACTION AGENCY OF SOUTHERN NEW MEXICO
High-Impact Programs Building Self-Reliance
3880 Foothills Road, Suite A
Las Cruces, NM 88011
575-527-0799
CARE's Fiscal Sponsor CAASNM is a nonprofit 501(c)(3)
All contributions to CARE are tax deductible
Tax ID # 85-0196070

3RD ANNUAL JUBILEE OF LIFE WALK

YOUNG PARK, LAS CRUCES, NEW MEXICO
SATURDAY, JUNE 6, 2015
9:00 A.M. TO 1:00 P.M.

Registration Form - SURVIVOR

Please Print All Information **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 from this event go to benefit CANCER AID RESOURCE & EDUCATION, INC. (CARE). Any checks written at this event need to be made payable to: CAASNM for CARE.** **Survivors will receive a guaranteed free T-shirt if registered by May 25, 2014**

FIRST NAME
LAST NAME

Age *Grade* *Shirt SZ*

FIRST NAME
LAST NAME

Parents Name: _____ Age Grade Shirt SZ

STREET
CITY
PHONE – –
E-MAIL _____

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*