Georgia 2-Day Walk for Breast Cancer 2027 Crew Waiver and Release October 30-31, 2027

_____ *Initial* I understand that the registration fee is **non-refundable**, **non-transferable**, and **not tax deductible**. I also understand that all donations processed by Georgia Alliance for Breast Cancer are **non-refundable**, even if I do not participate in the event.

I understand my execution of this Waiver is a prerequisite to my participation in all activities related to the Georgia 2-Day Walk for Breast Cancer, including, but not limited to, (a) a walk approximately 10 to 30 miles occurring on the event dates in the Atlanta metropolitan area and (b) all training programs, orientations, workshops and fundraising related to the foregoing walk (collectively, the "Event"). I further understand that there may be risks and dangers, including serious bodily injury or death, associated with my participation in the Event. The Event is being sponsored by Georgia Alliance for Breast Cancer, a Georgia nonprofit corporation that has been recognized as exempt from taxation under sections 501(c)(3) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

_____ *Initial* I am physically capable of participating in this event. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider knows and has approved my participation in this event. I will maintain personal health insurance while participating in the event. I understand that if I am operating a motor vehicle I will be required to review and complete the driver's policy, which will require a copy of my driver's license and insurance.

I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I have read the event description and rules for participation in the event and I will abide by all rules and regulations established by the event organizers and personnel as well as the local vehicle code.

I further agree that my participation in the event is subject to the sole discretion of the organizers and Medical Director of the event, and that my participation may be limited for medical and/or other safety-related reasons.

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE EVENT, I AGREE TO ALL RISKS AND HOLD HARMLESS AND COVENANT NOT TO SUE GEORGIA ALLIANCE FOR BREAST CANCER, OR ANY DESIGNATED BENEFICIARIES, SPONSORS, OFFICIALS, PARTICIPATING CLUBS AND COMMUNITIES, ORGANIZATIONS, FRIENDS OF THE EVENT, INCLUDING THE EVENT MEDICAL TEAM AND ASSOCIATED AFFILIATES, DIVISIONS, ASSIGNS, SUCCESSORS, IN INTEREST, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, TRUSTEES, DIRECTORS, CONTRACTORS, VENDORS, PAST AND PRESENT (AND THEIR AGENTS), INCLUDING, BUT NOT LIMITED TO, WALK LEADERS, AND ALL GOVERNMENT AND PUBLIC ENTITIES INCLUDING, BUT NOT LIMITED TO, THE STATE COUNTY, AND LOCAL MUNICIPALITIES WHEREVER ANY PART OF THE EVENT TAKES PLACE (COLLEC-TIVELY THE "RELEASED PARTIES").

I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had on my own behalf and on behalf of my survivors, heirs and estate, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in the Event. This release constitutes a complete release, discharge and waiver of any and all actions or causes of actions against the Released Parties. I understand and agree that this release applies to bodily injury, property damage, or wrongful death that I may suffer, even if caused by the negligent actions or omissions of one or more Released Parties. I understand that by agreeing to this release that I am assuming full responsibility for any and all risks of bodily injury, property damage, or wrongful death suffered by me while participating in the Event. I understand and agree that this release will be binding on my heirs, my personal representatives, and my assigns.

I agree to allow Georgia Alliance for Breast Cancer, and its contractors, vendors, agencies and sponsors to use my name and likeness in connection with the Event for any purpose related to the advertising or promotion of the Event and any similar future event, worldwide in perpetuity in all forms of media now and forever known.

Should any portion of this Waiver be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver shall be severable from the remaining portions herein and the invalidity, void ability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provision of this Waiver.

I have carefully read this Waiver and fully understand its content and am aware that this is a release of liability and I agree of my own free will.

Print Name:_____

Signature:_____Date:_____

For participants under 18 years of age: As the parent or guardian of the above-named minor, I hereby consent on their behalf to their participation and agree to the terms and conditions set forth above.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Georgia 2-Day Walk for Breast Cancer
2027 Crew Waiver and Release
October 30-31, 2027

Name: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ County: _____

Phone (H): _____ E-mail **(required)**: _____

Phone (C): _____

Date of Birth (required): _____/_____/_____

Are you a breast cancer survivor? ❑Yes ❑No Sex: ❑Male ❑Female ❑ Prefer not to respond

Including this year, how many years have you participated in the Georgia 2-Day Walk? (Choose *Rookie* if this is your first year.)

❑ Rookie ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ 13 ❑ 14 ❑ 15 ❑ 16 ❑ 17 ❑ 18 ❑ 19 ❑ 20 ❑ 21 ❑ 22 ❑ 23 ❑ 24 ❑ 25

How did you hear about the 2-Day Walk? Check all that apply.

❑ I am a Prior Participant ❑ Referred By: _____ ❑ Other: _____

Do you have any physical limitations? If so, please describe: _____

T-shirt size: ❑ S ❑ M ❑ L ❑ XL ❑ 2XL ❑ 3XL Meal Types: ❑ Vegetarian ❑ Regular ❑ Gluten-Free

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Crew Registration Types ($149 Registration Fee)

Your registration fee includes Friday night dinner, 3 meals on Saturday, a shared Saturday night hotel room, 2 meals on Sunday, 2 crew t-shirts, and 1 victory shirt. Crew registration type is only a preference and your final assignment will be made based on the needs of the organization and will be made by the crew directors. Crew is NOT REQUIRED to fundraise, however, we do encourage 2-Day Crew to fundraise $300. Must be able to carry a minimum of 20 lbs.

❑ **Route Marking:** Marks route with directional signage, picks up signage after route has closed each day, and repairs signage as needed. Lift 20-30 lbs.

❑ **Hydro:** Loads & delivers hydration & ice to B'rest Stops. Requires heavy lifting periodically throughout the day.

❑ **Moto:** Patrols the route to ensure safety, stationed at intersections where traffic may be an issue. Must have a valid motorcycle license and motorcycle to apply.

❑ **B'Rest Stop:** Set up & run B'rest Stops along the route, which provide water, sports drinks, and food.

❑ **Event Services:** This team assists with check-in, registration, data entry, the 2-Day store, and/or concierge services.

❑ **Clean Up/ Recycling:** Drives the route to pick up recycling & trash at B'rest Stops, lunch, & any other required locations. Requires heavy lifting.

❑ **Bicyclists:** This team patrols the route to ensure walker safety. You must bring your own bike & helmet.

❑ **Transportation/ Sweep:** Drives passenger vans & transports walkers with fatigue or medical problems.

❑ **Lunch:** Set up & run lunch on Saturday for walkers & crew.

❑ **Photography:** Professional photographers take photos of event. You must bring your own equipment.

❑ **General Crew:** Check here if you have no preference for crew assignment.

Method of Payment: ❑ Check (made payable to Georgia Alliance for Breast Cancer) ❑Cash ❑Credit (processing fee will apply)

Mail check and registration form to: **40 Innovation Drive, Suite 200 Peachtree Corners, GA 30092 (EIN: 47-0897591)**

Name on Credit Card: _____ ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Credit Card #: _____ 3 or 4 digit security #: _____

Signature (for CC only): _____ Expiration Date: _____

Billing Address if different from mailing: _____