Georgia 2-Day Walk for Breast Cancer
2027 Walker Registration Form
October 30-31, 2027

_____ *Initials* 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 the 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.

_____ *Initials* 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 (COLLECTIVELY 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:_____

Participant 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:_____

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Name: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ County: _____

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

Phone (C): _____ Team Name: _____

Date of Birth (required): _____/_____/_____ Gender: ❑ Male ❑ Female ❑ Prefer not to respond

Are you a breast cancer survivor? ❑ Yes ❑ No

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

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

❑ Rookie ❑ 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 Georgia 2-Day Walk?

- ❑ I am a Prior Participant
- ❑ Family/Friend (provide name): _____
- ❑ Facebook/Social Media (please specify): _____
- ❑ Advertising (radio, tv, billboard): _____
- ❑ News/Publications (please specify): _____
- ❑ Work/Corporate Sponsorships: _____
- ❑ Other: _____

Walker Registration Types:

❑ **TWO-DAY WALKER** ($149 Registration Fee)
Registration Fee includes a shared Saturday night hotel room, 4 meals, your 2-Day victory t-shirt. *Fundraising Minimum $1,200*

❑ **SATURDAY ONLY WALKER** ($79 Registration Fee)
Registration Fee includes your 2-Day victory t-shirt, breakfast and lunch on Saturday, but **does not** include the hotel stay or Saturday Night Dinner.
Fundraising Minimum $750

❑ **SUNDAY ONLY WALKER** ($79 Registration Fee)
Registration Fee includes breakfast on Sunday, your 2-Day victory t-shirt. *Fundraising Minimum $500*

❑ **STUDENT 2-DAY WALKER** ($149 Registration Fee)
Age 14-22, Registration Fee includes a shared Saturday night hotel room, 4 meals, your 2-Day victory t-shirt. *Fundraising Minimum $500*

❑ **STUDENT SATURDAY/SUNDAY ONLY WALKER** ($59 Registration Fee)
Age 14-22, Registration Fee includes breakfast on Saturday or Sunday, your 2-Day victory t-shirt.
Fundraising Minimum $350/$250

Method of Payment: ❑ Check ❑ Cash ❑ Credit (processing fee will apply) Mail check and registration form to: **40 Innovation Drive, Suite 200, Peachtree Corners, GA 30092 Make check payable to Georgia Alliance for Breast Cancer 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: _____