



Port Canaveral Pink Ribbon Walk

Walk Registration Form

October 6, 2018

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate #: _____

Email: _____ T-Shirt Size: 2XL XL L M S

Donation Amount (\$25 minimum): _____

Team Name: _____

Team Contact: _____

Phone #: _____ Alternate #: _____

Email: _____

Walk Information: www.visitportcanaveral.com

Online Registration and Payment:

<http://cccfoundationinc.org/event/port-canaveral-pink-ribbon-walk/>

Waiver of Liability

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Cove Merchants Association, the Canaveral Port Authority, City of Cape Canaveral, The Pink Ribbon Walk Committee, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my child in this event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

Questions? Email info@cccfoundationinc.org

Submit registration and payment to:

Cancer Care Centers of Brevard Foundation, Inc.

7025 N. Wickham Rd. Suite 111

Melbourne, FL 32940

For tax reporting purposes attendees receive \$7 in good & services, which is not considered part of the charitable contribution. The Foundation is a tax exempt public charity under section 501(c)(3) of the Internal Revenue Code. Tax ID 59-3193042. A copy of the official registration & financial information may be obtained from the Division of Consumer Services by contacting 800-435-7352 or www.floridaconsumerhelp.com Registration does not imply endorsement, approval or recommendation by the state. Registration # CH9969.