

Clearwater Travel Plaza's

WALK FOR HOPE

October 3rd, 9 a.m.
Warner Lake Park
Clearwater, MN

- Registration Form -

Thank you for your interest in joining us in our 12th year as we "Walk for Hope". Our goal is to raise money to benefit local breast cancer fighters and survivors. All of the money we raise at this event will be donated to the **CentraCare Health Foundation (or CHF)** for the benefit of the St. Cloud Hospital Breast Center, so you can be sure that your money is benefitting people in our local communities—maybe even your family members, friends or neighbors! Join us in making a difference!

What: *CTP's Walk for Hope 2020*

When: *October 3, 2020*

Registration: *9:00 a.m. Walk anytime after check-in.*

Where: *Warner Lake Park*

Who: *You, your friends, your family...anyone who wants to walk!*

There will be 2 walk routes—1.5 miles and 2.7 miles. You may pick the route you'd like to walk. There is no registration fee or minimum donation amount. However, we encourage all participants to raise pledges and find sponsors to support them through a donation to this great cause. We ask that all registration forms and donations be turned in together; you may turn them in at the Plaza (ATTN Wendy) prior to the walk or turn them in on the day of the event.

Please note: If you are registering as a TEAM, each individual walker must complete their own registration form (including total donations raised); however, all team members must check-in as a group on the day of the walk. Also, all team members' registration forms and donations must be submitted at the same time.

Join us as we celebrate our 12th year of making a difference in Central MN!

Name(s): _____

Team Name (if applicable): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Email: _____

Total Donation/Sponsorship \$\$ Submitted: _____

WAIVER: In consideration of being permitted to participate in the Walk for Hope, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the sponsors, organizers, volunteers, the Clearwater Travel Plaza and their representatives or successors, or the County of Stearns and their representatives, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the Walk for Hope and any related activities. I also agree to the use of any photo, film or video tape of the event for any purpose.

Signature: _____ **Date:** _____

{Parents must sign for participants under 18 years old.}