

7th Annual Indian Head Breast Cancer Awareness FITNESS WALK



Walk for the women & men in your life!

Saturday, October 13 • 8:30am-1:00pm • \$25/pp

Fee includes: Morning Snacks, Bottled Water, and Lunch

Don't miss out on this great day benefitting the fight against breast cancer!

This annual event is open to the entire community, and takes place around the Indian Head Village Green at 100 Walter Thomas Road in Indian Head, Maryland.

The three mile walk takes place on the Indian Head Rail Trail.

First 100 paid participants receive a FREE T-Shirt!

Live Music • Exercise Warm Up • Vendors

Lunch • Door Prizes • Raffles

All festivities will be held at the Village Green Pavilion

**EVENT HELD
RAIN OR SHINE**

**See Side Two for
Registration Form**

For details, call the Indian Head Senior Center: 301-743-2125

Proceeds go to the Susan G. Komen Breast Cancer Foundation



Department of Community Services • 8190 Port Tobacco Rd, Port Tobacco, MD 20677
301-934-9305 • 301-932-6004 • 301-870-3388 • MD Relay: 711 • Equal Opportunity County • www.CharlesCountyMD.gov



*Sponsored by the Town of Indian Head &
the Indian Head Senior Center Council*

7th Annual Indian Head Breast Cancer Awareness Fitness Walk

Registration Form • Please Print • One Form Per Participant

Participant Information

Name _____

Street Address _____ County _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

E-Mail _____ Cell _____

Birth Date _____ Sex: (check one) M ____ F ____

Special Health Conditions _____

Emergency Contact Name _____

Emergency Contact Phone _____

Program Information

Program Title	Breast Cancer Awareness Fitness Walk
Event Date	Saturday, October 13, 2012
Walking in Honor of	
Walking in Memory of	

Your total donation will be forwarded to the Susan G. Komen Breast Cancer Foundation. Make Checks Payable To: Indian Head Senior Center Council	Registration Fee	\$ 25
	Additional Donation	\$ _____
	Total Paid	\$ _____

Children Walking?

Name	Age

Official Use Only

Payment Method: Cash ____ Check ____ M/O ____ M/C ____ Visa ____ DC ____

Check/Card Name _____ Total Paid \$ _____

Check/Card # _____ Exp. _____

Sec # _____

WAIVER & RELEASE

I volunteer to participate in this program sponsored by the Charles County Government, upon understanding/ conditions that:

- I acknowledge that there are always certain risks involved in physical fitness programs. I understand those risks, declare myself physically healthy, and have medical approval to participate in this program.
- I recognize the risks of illness and injury inherent in physical fitness programs and am participating in this program, with the express agreement and understanding that I am hereby waiving and releasing the Charles County Government, its officers, directors, employees, and agents from any and all claims, costs, liabilities, expenses, and judgments, including attorney fees and court costs (herein collectively "claims") arising out of my participation in the aforesaid activities or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the Charles County Government, its officers, directors, employees, and agents from and against all claims.
- I hereby execute this Waiver, Consent and Release Form and induce the Charles County Government to permit me to participate in its physical fitness program.

Disaster Preparedness

In the event of a widespread community emergency or natural disaster, I give the Charles County Government permission to share my personal information with first responders/emergency services personnel for the purpose of assisting them in the performance of disaster prevention, evacuation, or rescue/recovery duties.

No confirmations will be sent. You may assume you are registered unless otherwise contacted. Charles County Government is not responsible for program cancellations due to Charles County Public Schools programming. I agree to participate or to allow my child to participate in these programs knowing that safety precautions will be taken but realizing that the Charles County Government does not have accident insurance for participants. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I also authorize the Charles County Government to take photographs of me/my child for promotional and/or educational purposes. I hereby state and declare that this information is freely, willingly, and voluntarily made.

Forms without signatures will be returned.

Your signature acknowledges that you have read and understand the registration information contained on this form.

Signature _____

Date _____

Staff Initials _____ Reg # _____ Date Entered _____

W/I M PH FX HA HE MA NCC PI SM

Household ID _____ SO ST WA DCS LK NP

