

JOURNEY OF HOPE WALK

One Form Per Walker

Name _____

Address _____

Phone _____

E-mail _____

Emergency Contact: _____

I am a cancer survivor.

<input type="checkbox"/> I plan to walk 3 miles.	<input type="checkbox"/> I plan to walk 1 mile.
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Registration Fees:

- Adults \$30.00
- Kids 12 & under \$15.00
- Donation \$ _____

Short Sleeve Adult T-Shirt Sizes:

Small Medium Large XL
 2X 3X 4X 5X

Kid's T-Shirt Sizes

Small Medium Large

Mail registrations and entry fees to:
Wings of Hope Cancer Support Center
427 E. Kaneshville Blvd., Suite 202
Council Bluffs, IA 51503 OR
Register online at: www.wingsofhope.org.



Can't Make it on the 23rd?

We would love to have you walk with us on the 23rd, but know that you may have reasons our date won't work for you.

Perhaps you . . .

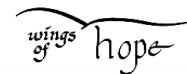
- already have plans for that morning,
- don't like to walk, OR
- just want to sleep in on a Saturday morning . . .
- . . . but you still want to support Wings of Hope.

We invite you to help us raise money for the Counseling Program by **paying the registration fee**, and we'll send you a

THANK YOU GIFT.



Microfiber Cleaning Cloth



Cancer Support Center BENEFIT

JOURNEY OF HOPE



In Honor & Remembrance

SATURDAY
Sept. 23, 2017
8:00a.m.

Wings of Hope
Cancer Support Center's

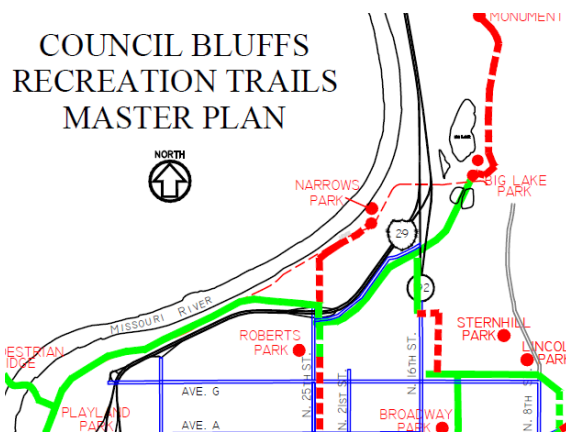
JOURNEY OF HOPE WALK

IN MEMORY OF RICHARD
IN HONOR OF EVERY LIFE TOUCHED
BY CANCER

The Journey of Hope **WALK 2017** highlights the Counseling Program, which provides support, coaching, and education to patients and caregivers. **Richard** was a prostate cancer patient whose caregivers benefitted from the support provided by Wings of Hope.

We invite you to walk for the person or persons you want to **HONOR** or **REMEMBER!**

- **3 mile round trip walk from Roberts Park to Big Lake**
- **1 mile round from Roberts Park to designated stop**
- **Personalize your t-shirt to honor or remember a loved one**



Event Information

Registration: 8:00—8:45 a.m.

Roberts Park @ 25th Street & Ave I.
We'll have music, food and markers!

Personalize Your T-Shirt:

The t-shirts will allow YOU to decorate with words or pictures, and indicate who you are honoring or remembering on this walk.

Walk Starts: 9:00 a.m.

Registrations will be accepted the day of the ride, but t-shirts are not guaranteed after September 1.

NO RAIN DATES, NO REFUNDS

For your safety,

All participants under 18 must be accompanied by an adult.

Not a Walker?

We invite you to support Wings of Hope by **paying the registration fee** and we'll send you a thank you gift.

For information, please contact:
Wings of Hope at 712/325-8970 or
carolyn@wingsofhope.org.

LIABILITY WAIVER

The liability waiver must be signed by each participant prior to participation.

I know that riding or walking on a trail is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with participating in this event including (but not limited to): falls, contact with other participants, the effects of the weather (including high heat and/or humidity), traffic and the condition of the trail, such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Wings of Hope Cancer Support Center, Southwest Iowa Nature Trails, the city of Council Bluffs and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, though that liability may arise out of negligence or carelessness on the part of persons named in this waiver. I also hereby consent to emergency treatment in the event of injury or illness and understand that all entry fees are non-refundable.

I HAVE READ THE ABOVE RELEASE OF LIABILITY AND WAIVER AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature _____ Date _____

Parent/Guardian (for minor under 18) _____ Date _____

All participants under 18 must be accompanied by an adult.

Proceeds of walk benefit
Wings of Hope Cancer Support Center



www.wingsofhope.org