

# 2017 PINK RIBBON FIT FEST

## REGISTRATION FORM

Fill out form below and return by 10/6/17 to:

Frederick Memorial Hospital  
Attn: Heidi Winkler, Marketing  
400 West 7th Street Frederick, MD 21701

Please select one:

- ADULT - \$25 per participant (\$20 before October 1st)
- CHILD (ages 10-15) - \$10 per participant with paid adult
- CHILD (ages 10 & under) -FREE with paid adult. (Child needs to be under care of parent/guardian at all times)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday (Month/Day/Year): \_\_\_\_\_ Gender:  Female  Male Cancer Survivor:  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this event?  Facebook  Email  Postcard  Radio  Newspaper  Other: \_\_\_\_\_

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*In consideration of accepting this entry, I the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release all and any claims for damages that I may have against the Hurwitz Breast Cancer Fund, any other sponsors, their representatives, and successors for any and all injuries I might suffer at this event. I attest that I am physically fit and prepared for this event.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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### Payment Options:

- Cash  Check (Payable to: FMH Hurwitz Breast Cancer Fund)
- Credit Card  Visa  MasterCard  Discover  American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_