



Hope In Motion Parade

Monday, June 5th

REGISTRATION: 5:30 P.M. | PARADE STARTS: 6:00 P.M.

PLEASE PRINT LEGIBLY						
If more than one family member is registering, please attach 2 nd sheet with name(s) and shirt size(s)						
FIRST NAME				LAST NAME		
ADDRESS						
CITY			STATE		ZIP	
EMAIL			PHONE			

PAYMENT			CIRCLE ONE:			
MAKE CHECKS PAYABLE TO: PEITZ CANCER SUPPORT HOUSE			\$10 SURVIVOR T SHIRT \$20 SUPPORTER T SHIRT			
CIRCLE PAYMENT METHOD	CASH	CHECK	PAYROLL DEDUCT	EMPLOYEE #		
CIRCLE SHIRT SIZE	SMALL	MEDIUM	LARGE	XL	XXL	XXXL

----- **RELEASE** -----

I acknowledge that my participation in the Hope in Motion Parade involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge BRMC and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the parade. If I am an employee of BRMC, I acknowledge that my participation in the Parade is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status.

PARTICIPANT SIGNATURE		DATE	
GUARDIAN SIGNATURE (UNDER 18)		DATE	

<p>PLEASE BRING IN OR MAIL YOUR COMPLETED REGISTRATION TO:</p> <p>Peitz Cancer Support House 624 Hospital Drive Mountain Home, AR 72653 Fax: (870) 424-1690 mhudson@baxterregional.org</p>



PARADE MAP

