

2nd Annual
K9 Cancer Walk
Benefiting



MORRIS ANIMAL FOUNDATION
Canine Cancer Campaign
Best Friends Helping Best Friends.

**Golden Retriever
Meet-up Team**
April 24, 2010

-Rain or Shine-

Elk Grove Regional Park
Elk Grove, Calif.

8:30 a.m. Registration/Check-in
10:00 a.m. K9 Cancer Walk—3K/7K
Noon Speakers' Program

For more information, visit:
www.K9CancerWalk.org

K9 Cancer Walk Registration (one entry form per person) **Golden Retriever Meet up Team**

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ E-mail: _____

How did you hear about the K9 Cancer Walk? _____

If walking with your dog, please complete:

My Dog's Name(s): _____ Breed: _____

___ My dog is a cancer survivor ___ I am a cancer survivor

I am walking in memory of a beloved dog, _____, lost to cancer.

All walkers will receive a Canine Cancer Campaign bandanna and a K9 Cancer Walk T-shirt

T-shirt size (circle choice): S M L XL XXL (T-shirt sizes are on a first-come basis)

RELEASE WAIVER:

I, the undersigned, hereby assume full and complete responsibility for any injury or accident that may occur during my participation in the K9 Cancer Walk on April 24, 2010, or while on the premises of this event, and hereby release and hold harmless and covenant not to file suit against Morris Animal Foundation and any affiliated individuals or entities associated with this event, from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others whether be caused by falls, contact with participants, conditions of the course, negligence or otherwise. I, the undersigned, understand that if I bring my dog, I am responsible for my dog's behavior at all times during the K9 Cancer Walk. I agree that my dog will remain on the leash at all times. My dog has a current license and current vaccinations. If my dog is an intact female, she is not in heat. I certify that I am 18 years old or will be with an adult (if under 18 a parent or guardian signature is required).

Signature _____

Please circle appropriate choice:

Early Registration (deadline 4/10/10): \$30 Adult; \$15 child (10 and under)

Registration: \$35 Adult; \$20 child (10 and under)

"Sit & Stay for a Cure" Virtual Participation: \$30 all ages

Credit Card: ___ Visa ___ MasterCard

Card # _____ Expiration Date MM/YY: ____/____

Name on Card: _____

Signature: _____

Make Checks Payable to: **MAF - K9 Cancer Walk, Elk Grove**
Mail to: **10200 E. Girard Avenue, Suite B430, Denver, CO 80231**