

Registration Fee \$25  
OR a donation from your  
booth.

**\*There will be no  
refunds of  
registration  
fees\***

Albemarle County Public Schools Transportation Department  
3k Cancer Vendor Registration Form



Set Up Begins at 9:00am

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

Method of Payment: (cash or check accepted)

Checks Payable to: UVA Health Foundation

Registration form, fees and donations can be collected at the event or mailed to: Kim Wood

C/O Albemarle County Public Schools Transportation Department 110 Lambs Lane Charlottesville, Virginia 22901

Contributions Collected:

Contributor	Contributor Address	Amount

Yes, I am a \_\_\_\_\_ year Survivor. I would like to be recognized as a cancer survivor by receiving a complimentary gift.

Please complete the Waiver and Release of Liability

### Waiver and Release of Liability

I wish to participate in the 3k Cancer Walk Event. I understand the acceptance of the waiver is required to participate.

I further understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable in participating in and completing this Event. If I am injured as a participant in the Event, I agree to assume all risks and release and hold harmless Albemarle County Public Schools System and all others and representatives of this such event.

I agree to allow UVA Health Foundation, Albemarle County Public Schools and their vendors, and sponsors to use my name and likeness in connection with this event, for any purpose related to advertising or promotion of the event worldwide in all forms of media.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and that I accept of my own free will.

If the participant is under 18 years of age at the time of registration, the participant's parent or legal guardian must completely review this Waiver and Release. The parent or legal guardian understands and consents to its terms and authorizes the participation of the registrant by his/her acceptance below.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

If participant under 18 years of age:

Parent or Legal Guardian or Participant:

\_\_\_\_\_