Your participation in the SVH Breast Cancer Awareness Walk makes a difference for women seeking care at SVH Women's Health. Walk proceeds go to SVH's Nancy Stone Fund, which provides free breast imaging services to area women in need.

All walkers who pay the \$10 registration fee receive an appreciation gift, and registered walkers who raise at least \$50 in pledges receive a gift as our thanks for supporting this important cause. There will be additional prizes for individuals who raise the most pledge money. Have a great time raising money and walking for breast cancer awareness.

A Message to Walkers: You can ensure your success on the day of the walk by drinking plenty of water, wearing comfortable and supportive shoes, seeking approval from your physician beforehand (if necessary), and stopping if you feel lightheaded or dizzy.

#### **Team Guidelines**

Please indicate on your registration form that you are part of a team so your team can receive credit for your participation.

### Other info:

Choice of one- or two-mile walk routes

• Walkers should bring contribution sheets and checks to the walk on October 17<sup>th</sup>. SVH cannot send invoices for uncollected money.



# Saturday, October 17<sup>th</sup>

at

### MCI Wright Gym, Pittsfield

9 ам Registration • 9:45 ам Start 295 Main Street, Pittsfield

*Please join us after the walk in Wright's Gym for the SVH Community Health Fair!* 

### TOGETHER We're Stronger

SEBASTICOOK VALLEY HEALTH 447 North Main Street Pittsfield ME 04967



## Registration

Name	 
Address	 
City	Zip
Phone	
Company name	
Email address	 
Team name	

My company has matching funds (form attached)

Please make checks payable to Sebasticook Valley Health and bring contributions with this form to the registration table.

### Waiver

Please read this section carefully and sign below.

In consideration of being permitted to participate in the Annual Breast Cancer Walk, I hereby assume any and all risks that might be associated with the event for myself, my heirs, and my personal representatives. I further waive, release, discharge, and covenant not to sue Sebasticook Valley Health, its officers, employees, sponsors, organizers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I also agree to the use of photography, filming, or recording of the event for any purpose.

Signature	Date
If under 18: Parent signature	Date

Sponsor Name	Mailing Address	Phone	Donation
Sponsor Name Registration fee			\$10.00