

Join Buddy and his friends as we unite in the fight against cancer. Bring your friends, family, or dog to the Healthy Way Fitness Trail for our annual pet walk.

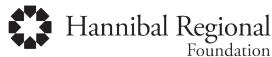
Saturday, September 7th | 9:00 am Hannibal Regional Healthy Way Fitness Trail

Everyone participating will receive a shirt as well as a professional photograph with their buddy. All proceeds from the walk will benefit Hannibal Regional cancer services. Early registration isn't required, but is encouraged in order to receive the correct shirt size.

The walk will start on the southeast corner of the hospital parking lot. Registration and professional photos will begin at 8:00 am and the walk will begin at 9:00 am.

All participants will receive a free professional photo with their buddy and custom dog gift.

To learn more about the walk, visit hannibalregional.org/paws4cause or call 573-629-3577



First Name:	Middle Initial:	Last Name:	Phone:			
				Email:		
Address	City	S	T Zip		(for registration confirmation/upda	
Shirt Size: XS S M	per person and \$10 per dog. L XL 2XL 3XL Inisex Shirts					
Dog Registration: Reg	istration for dog includes a	custom dog gift. No	umber of dogs			
	2 Diai	it Security Code	Tyne		Expiration:/	

my dog/dogs in this event. I understand that I may be photographed, filmed or videotaped at the event. I hereby irrevocably grant to HRHS, its affiliates, licensees and collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever, including commercial advertising. I hereby release, discharge and agree to save harmless HRHS and its employees or agents, affiliates, legal representatives or assigns and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of my likeness, including, without limitation, claims for libel or invasion of privacy. I also give my full permission for such first aid as is

Date

Amount

deemed necessary to be provided to me or my dog/dogs on the premises or prior to transport to a medical facility for further treatment.

Participant's Signature ______ Date ______

If under 18 years participant's parent or guardian must sign.

Entered by_

Check #



PO Box 551 • Hannibal, MO 63401 573-629-3577