

# 2nd Annual K9 Cancer Walk Benefiting



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

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  
11:30 a.m. Speakers' Program

For more information, visit:  
[www.K9CancerWalk.org](http://www.K9CancerWalk.org)

## K9 Cancer Walk Registration (one entry form per person)

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**