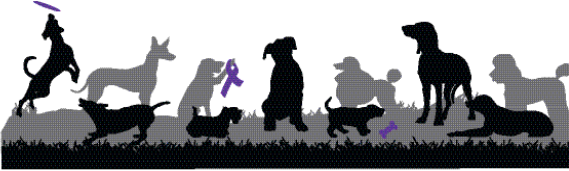


PAWS FOR A CAUSE

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



PAWS FOR A CAUSE

2021

Everyone participating will receive a shirt as well as a professional photograph with their buddy. All proceeds from the walk will benefit the James E. Cary Cancer Center and the Hannibal Regional Infusion Center Patient Assistance Fund. Early registration isn't required, but is encourage in order to receive the correct shirt size.

Healthy Way Fitness Trail
Saturday, September 25th
at 9:00 am



GUIDING YOU TO BETTER

Hannibal Regional
 Foundation



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

All participants will receive a free professional photo with their buddy.

To learn more about the walk, log on to hrhf.org or call 573-629-3577.

First Name: _____ Middle Initial: _____ Last Name: _____ Phone: _____

Address _____ City _____ ST _____ Zip _____ Email: _____
(for registration confirmation/updates)

Registration fee: \$15 per person and \$10 per dog.

Adult Shirt Size: S M L XL 2XL 3XL **Youth Shirt Size:** YS YM YL
Unisex Shirts (6-8) (10-12) (14-16)

Dog Registration: Registration for dog includes a commemorative dog toy. Number of dogs _____

Credit Card Number _____ 3-Digit Security Code _____ Type: _____ Expiration: ____/____

Release and Waiver of Liability: Each dog owner MUST read and sign. As a participant in the HRF annual pet walk, I release and discharge the Hannibal Regional Healthcare System, Inc., any of its affiliates or subsidiaries, their management, their officers, members, sponsors, organizers, employees, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of 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 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.



GUIDING YOU TO BETTER

Hannibal Regional
 Foundation

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

Check # _____ Entered by _____ Date _____ Amount _____