



2024 PAWS FOR A CAUSE

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.



Hannibal Regional
Foundation

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

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

Registration fee: \$20 per person and \$10 per dog.

Shirt Size: XS S M L XL 2XL 3XL
Unisex Shirts

Dog Registration: Registration for dog includes a custom dog gift. 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.

Check # _____ Entered by _____ Date _____ Amount _____

GUIDING YOU TO BETTER
Hannibal Regional
Foundation
PO Box 551 • Hannibal, MO 63401
573-629-3577