

William Paterson University Annual Breast Cancer Awareness Walk

First Name: _____ WPUNJ ID #: _____

Last Name: _____ Phone: _____

____ Resident Student ____ Commuter Student ____ Graduate Student

____ Faculty ____ Staff ____ Alumni ____ Community ____ Guest



Club, Group, or Team Affiliation: _____

Total Donation \$ _____

Participant Waiver, Acknowledgment, and Release From Liability

I hereby certify that I have no health problems whatsoever, that I am physically fit, and that I am sufficiently trained to participate in the William Paterson University **BREAST CANCER AWARENESS WALK**.

I am also fully aware of and assume completely all of the risk of any injury to myself or of any damage to my health that might result from my participation in the **BREAST CANCER AWARENESS WALK**. In consideration of the acceptance of my application I, for myself, my executors, administrators, and assigns, do hereby release and discharge the William Paterson University, and their employees, and all individuals assisting in the above course or program from all claims for damages, demands, and actions whatsoever in any manner growing out of my participation. I assume and agree to pay my own medical, hospital, dental, and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses. _____ (Initial)

Photo Release

I hereby acknowledge and grant permission to William Paterson University the use of my image in visual reproduction, publication, taping, filming, and/or videotaping in whole or in part and in any medium for any lawful purpose including, but not limited to, illustration, promotion, or advertising without any further compensation to me. Permission is restricted to William Paterson University as sole user of my image for University purposes as stated above.

I waive any rights to notice or approval of any use of the imaging and/or photographs which William Paterson University may make of, or authorize, and I release, discharge, and make harmless William Paterson University and its agents and licensees from any claims or liability in connection with the use of the aforesaid imaging or photographs. _____ (Initial)

Signature: _____ Date: _____

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Last Name: _____ Phone: _____

Group/Team Affiliation: _____



If you wish to solicit donations from family and friends, please list the information below.

Name of Sponsor (Family, Friends, etc.)	Amount of Donation
TOTAL AMOUNT COLLECTED	\$

**All donations support charitable organizations. Bring donations to the event.
 Please make checks payable to one of the following:
*American Cancer Society, National Breast Cancer Foundation, or
 Susan G. Komen for the Cure (North Jersey Affiliate)* Thank you!**

Signature: _____ Date: _____