@thecalipatriafoundation-1

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5K Walk for Cancer Awareness

Purpose- The purpose of this walk is to show our Calipatria Community Members and surrounding cities that we support them. We would also like to bring cancer awareness to the community as a whole.

Location- Calipatria Community Center- 150 N. Park Ave. Date- Saturday, October 25, 2025
Check in- 6:45 a.m **The walk begins at 7:30 a.m.**

Fee- $50.00, includes a shirt, color packet, water bottle. Proceeds will be donated to the Cancer Resource Center of the Desert

Registration Form

Name_____ Date of Birth _____

Address _____PO Box _____

City _____ Zip _____ Shirt Size: S M L XL XXL
Adult sizes only

Cell Phone (_____) _____-_____ Email _____

Emergency Contact _____ Cell Phone (_____) _____-_____

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

_____ _____
Signature Date

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant name: _____ Birth Date:_____ Sex:_____

Parent/Guardian Name: _____ Home Phone:_____

I,_____, grant permission for my child, _____, to participate in The Calipatria Foundation Fun Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Calipatria Foundation, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate , its officers, directors and agents, or representatives associated with the activity for reasonable attorney’s fees and expenses arising in connection therewith. Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

_____ _____
Parent/Guardian Signature Date

Please make checks payable to: **The Calipatria Foundation** **Venmo- @thecalipatriafoundation-1**

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