

3 Quick & Easy Ways to Register:

- 1 Go to www.celebrate-spot.org and follow the simple directions.
Registration fee = \$30
- 2 Complete the form below and mail to:
Siteman Cancer Center – Celebrate Spot
7425 Forsyth Blvd. Suite 2200
Campus Box 1204
St. Louis, MO 63105
Registration fee = \$30
- 3 Roll out of bed on Sunday, October 10th, grab a furry friend and join us at the park.
Day of Registration fee = \$35

No furry friend? No problem! Join us for a morning of exercise and park appreciation – all for a great cause.

AND, don't forget to ask all of your "PAWtners" – friends, family and co-workers – to sponsor you and help Celebrate Spot support the Young Women's Breast Cancer Program at Siteman Cancer Center!

TEAM

TEAM NAME CAPTAIN

YOUR NAME

ADDRESS

CITY STATE ZIP

PHONE

E-MAIL

I've enclosed my check for \$30 PAYABLE TO SITEMAN CANCER CENTER

Please charge my credit card: (*We accept MasterCard, Visa and Discover*)

CREDIT CARD # EXP DATE

SIGNATURE

SORRY, I can't attend, but please accept my donation of \$ _____

Are you bringing a dog to Celebrate Spot? YES NO

ARE YOU A SURVIVOR? If so – congratulations! Please select the size for your special survivor t-shirt: (*circle one*) SML MED LRG XL XXL

AS A THANK YOU for attending Celebrate Spot, please select the size for your t-shirt: (*circle one*) SML MED LRG XL XXL



Sunday, October 10, 2010
Forest Park
Upper Muny Parking Lot

WAIVER OF RESPONSIBILITY:
BY REGISTERING TO PARTICIPATE IN CELEBRATE SPOT, I AGREE TO THE FOLLOWING: In consideration of Celebrate Spot and its beneficiary the Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine permitting me to participate in Celebrate Spot activities, I hereby waive, release and discharge myself, my heirs, successors and assign any and all rights and claims which I may have or which may hereafter arise or which I may assert against Celebrate Spot, its beneficiary Siteman Cancer Center, and Washington University and Barnes-Jewish Hospital, all their officers, directors, employees, volunteers and agents as well as any sponsors of the event for any personal injury or property damage which I may suffer or sustain as a result of my participation in Celebrate Spot 2010. I hereby assume all risks of any such injury and damage. I further indemnify and hold harmless Celebrate Spot, Siteman Cancer Center, Washington University, Barnes-Jewish Hospital for any claims of personal injury or property damage by third parties, and costs related thereto; regardless of outcome, that may result from my participation in this event. I certify that I am physically fit to participate in any activity which I may enter as part of this event. I give permission to Celebrate Spot and its beneficiary the Siteman Cancer Center to use records or photos of me and/or my animal companion for media accounts and purposes involving Celebrate Spot 2010 and/or its beneficiary Siteman Cancer Center.

SIGNATURE / AM 18 YEARS OF AGE OR OLDER

SIGNATURE OF PARENT/GUARDIAN
FOR REGISTRANTS UNDER THE AGE OF 18

DATE