

GOVERNEUR BREAST & OVARIAN CANCER FUND WALK

To donate by mail, send your donations and pledge sheet to: Gouverneur Breast & Ovarian Cancer Fund
PO Box 64, Gouverneur, NY 13642

I do hereby give Gouverneur Breast & Ovarian Cancer Fund, the irrevocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith. In consideration of my entry, I do hereby release and forever discharge any and all rights for claims and damages, which may have and which may hereafter accrue to me against the Gouverneur Breast & Ovarian Cancer Fund, event sponsors and organizers for damages which may be sustained and suffered by me in connection with my association with sponsors for entry in this event.

Team Name _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Email _____

Signature _____

Parent/Guardian Signature (if under 18) _____

- How did you hear about us? _____
- Are you a Breast or Ovarian cancer survivor? If yes... how many years? _____ months _____

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2025 Registration

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— On Reverse —



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