

# **St. Stephen Catholic Church**

## **Project Cure 3-Day Walk to End Breast Cancer**

In cooperation with the Tampa Bay Lightning Foundation, St. Stephen is expanding Project Cure. Our goal is to raise over \$50,000 for the Don and Erika Wallace Comprehensive Breast Program at the H. Lee Moffitt Cancer Center and Research Institute.

### **Making a Difference in the Fight against Breast Cancer**

**We are walking 60 miles over 3 days to fight breast cancer.**

Please support us as we take an amazing journey in the fight against breast cancer! We will be walking 60 miles over the course of three days. All proceeds benefit the Don and Erika Wallace Comprehensive Breast Program at the H. Lee Moffitt Cancer Center and Research Institute in cooperation with the Tampa Bay Lightning Foundation.

The mission of the H. Lee Moffitt Comprehensive Breast Cancer Program is to advance treatment options for breast cancer through basic scientific research and clinical trials and to address the needs of the breast cancer patient.

We want to make a difference in finding a cure. Please join in the fight by making a donation.

### **Prayer**

As we walk, we will be praying for individuals and families that have been affected by cancer. Please provide the names of those you would like included in our prayer list.

### **Are You Interested in Walking?**

You are invited to walk all or part of our 3-day walk on November 14, 15 and 16, 2008. We will begin at the park in Bloomingdale East in Brandon and walk laps around Nature's Way/Culbreath Road. Each lap approximates 4 miles. The core team who is walking 20 miles/day for 3 days will begin at 6:00 AM and will finish at about 1:00 PM each day.

You are welcome to join us in the 3-day walk and walk 4 miles, 8 miles, 12 miles, 16 miles or 20 miles on one, two or three days. For example – if you would like to come out at 9:00 on Saturday, November 15<sup>th</sup> and walk one 4-mile lap – we welcome you. We are asking all walkers to help raise funds for breast cancer research regardless of how far they are walking.

If you are interested in participating in the walk please complete the registration form on the reverse side and return it to the St. Stephen Catholic Church office at 5049 Bell Shoals Rd. Valrico, FL 33594. Questions should be directed to Lisa Huetteman at 813-685-6185 or [lisa@the-black-diamond.com](mailto:lisa@the-black-diamond.com).

**St. Stephen Catholic Church**  
**Project Cure 3-Day Walk to End Breast Cancer**  
Complete Registration Form and Return to St. Stephen Catholic Church  
5049 Bell Shoals Rd. Valrico, FL 33594

I would like to participate in the Project Cure 3-Day Walk to End Breast Cancer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

I will be walking the following day(s)/distance(s):

Friday, Nov. 14<sup>th</sup>    \_\_\_ 4 miles \_\_\_ 8 miles \_\_\_ 12 miles \_\_\_ 16 miles \_\_\_ 20 miles

Saturday, Nov. 15<sup>th</sup>    \_\_\_ 4 miles \_\_\_ 8 miles \_\_\_ 12 miles \_\_\_ 16 miles \_\_\_ 20 miles

Sunday, Nov. 16<sup>th</sup>    \_\_\_ 4 miles \_\_\_ 8 miles \_\_\_ 12 miles \_\_\_ 16 miles \_\_\_ 20 miles

- Walk begins and ends at the Hillsborough County Park on Nature's Way in Brandon.
- Walkers are asked to begin no earlier than 6:00 AM and finish no later than 2:00 PM.
- Questions can be directed to Lisa Huetteman at 685-6185 or [lisa@the-black-diamond.com](mailto:lisa@the-black-diamond.com)

ALL PARTICIPANTS IN THE PROJECT CURE WALK TO END BREAST CANCER ("WALK") ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE WALK BY SIGNING THIS GENERAL RELEASE AGREEMENT:

The undersigned participant ("Walker") on behalf of himself/herself and on behalf of Walker's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue St. Stephen Catholic Church, its agents, its employees and its representatives, volunteers, sponsors, advertisers, subcontractors, and contributors, (collectively "Releasees") from all liability to the Walker and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damages(s) and any and all claims or demands therefore, on account of injury to the Walker or property or resulting in the death of the Walker, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Walker's participation in the Walk. The Walker represents and warrants that he/she is in good physical condition and is able to safely participate in the Walk. The Walker is fully aware of the risks and hazards inherent in participating in the Walk and hereby elects to voluntarily participate in the Walk, knowing the risks associated with the Walk. The Walker hereby assumes all risks of loss(es), damages(s), or injury(ies) that maybe sustained by him/her while participating in the Walk. The Walker additionally authorizes the Walk officials and medical personnel to use their discretion to treat and/or have him/her transported to and treated at a medical facility if he/she should suffer any injury or illness while participating in the Walk.

The Walker agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation.

The Walker warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Walker to participate in the Walk.

IF WALKER IS UNDER AGE 18: The parent/guardian certifies that my son/daughter has my permission to participate in the Walk. The parent/guardian has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the Walk. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

WALKER HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY CERTIFIES COMPLIANCE BY ACCEPTING THIS WAIVER.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date