

Think Pink Cherokee



The **City of Canton**, **Downtown Canton** and **Northside Hospital Cherokee** would like to invite you to the 'Think Pink Cherokee' Breast Cancer Awareness Walk. This event on **Saturday, October 9**, will feature a one-mile informational walk in Downtown Canton, live entertainment, breast cancer awareness activities, and a walkers' reception for all participants in the walk. The walk and registration will begin in **Cannon Park**. Registration begins at 9:00 am and the walk begins at 10:00 am.

Pre-registration for the event is \$15.00. This includes walk participation, reception, and one 'Think Pink' T-shirt. If you would like to pre-register to assure you receive a t-shirt, please complete the requested information and return to the address or email indicated by **September 17**. **Only one participant per registration form please**. You may also register on the day of the event. Day-of registration is \$20.00. Your requested shirt size will not be guaranteed if you do not pre-register. (All shirts must be picked up by October 29, 2021 if the participant chooses not to walk).

Schedule of Events on October 9:

9:00 am Registration and T-shirt distribution, Cannon Park, Downtown Canton

10:00 am One-mile walk followed by walkers' reception

*Awareness activities will take place throughout the event

If you have questions or need additional information, please contact Velinda Hardy at velinda.hardy@cantonga.gov **You may pay registration by VENMO: cantongamainstreet@gmail.com Please make sure to include THINK PINK on the memo line and email your registration form to velinda.hardy@cantonga.gov**

If mailing registration and payment, MAIL TO: Think Pink Cherokee, Attn: Velinda Hardy, 110 Academy Street Canton, GA 30114 and make check payable to Canton Main Street.

We can't wait to see you this year at 'Think Pink' and be sure to find us on Facebook! **Think Pink Cherokee 2021!**

Think Pink Registration

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Are you a breast cancer survivor? _____ Yes _____ No

Shirt Size (Circle One): Adult sizes S M L XL XXL XXXL

Participation Waiver: In consideration of being permitted to participate in 'Think Pink', I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with the event and I further waive, release, discharge and covenant not to sue any sponsors, organizers, or other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever suffered as a result of taking part in the event or related activities. Furthermore, I give my consent to be photographed, videotaped and/or interviewed for use by the City of Canton, Downtown Canton and Northside Cherokee Hospital. I hereby relinquish any right, title or interest in such photographs, video and/or interview and to any control over their use.

Signature: _____ Date: _____

(Parent or Legal Guardian signature required if participant is under 18 years of age)