

# "One Step Closer to Help and Hope"

## 32nd Annual Bosom Buddies Walk/Run



October 12, 2024 5K Walk/Run and 10K Run

Presented by Montrose Regional Health

Montrose Pavilion - Registration 8:00 a.m. Walk/Run 9:00 a.m.

To Register with Debit/Credit Card:

[www.BosomBuddiesSWC.org](http://www.BosomBuddiesSWC.org)

(Deadline to register online is Friday, October 4, 2024)



\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_

\*Email \_\_\_\_\_ \*Preferred Phone \_\_\_\_\_

May we use your email address for the 2024 registration information for next year? \_\_\_\_\_

**Breast Cancer Survivor?** \_\_\_\_\_ YES \_\_\_\_\_ 5K Walk \_\_\_\_\_ 5K Run \_\_\_\_\_ 10K Run \_\_\_\_\_ Donation ONLY

**Circle Long Sleeve Shirt Size:** SM MED LG XL 2XL 3XL No Shirt

*Additional Members of Household Living at **SAME** address. Use new form for others.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle Shirt Size: SM MED LG XL 2XL 3XL No Shirt \_\_\_\_\_ 5K Walk \_\_\_\_\_ 5K Run \_\_\_\_\_ 10K Run

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle Shirt Size: SM MED LG XL 2XL 3XL No Shirt \_\_\_\_\_ 5K Walk \_\_\_\_\_ 5K Run \_\_\_\_\_ 10K Run

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle Shirt Size: SM MED LG XL 2XL 3XL No Shirt \_\_\_\_\_ 5K Walk \_\_\_\_\_ 5K Run \_\_\_\_\_ 10K Run

**\$35.00 entry fee enclosed for each participant - check payable to *Bosom Buddies***

**(\$40.00 entry fee on day of event)**

*Shirts not picked up on race day will be donated, unless arrangements are made for pick up or mailing.*

**RELEASE: PARTICIPANT OR PARENT/GUARDIAN AGREEMENT:** I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby hold harmless the Breast Cancer Support Group of Southwestern, CO, Inc., AKA Bosom Buddies and any affiliated individuals, event sponsors and their employees. I also hold harmless all other persons or entities associated with this event from any claim I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by negligence of The Breast Cancer Support Group of Southwestern CO, Inc., AKA Bosom Buddies, any affiliated individuals or any Event Sponsors, including any of said parties' agents or employees, or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the event. I give my full permission to the Breast Cancer Support Group of Southwestern CO, Inc., AKA Bosom Buddies or any sponsor to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Adult/Parent or Guardian if applicable)

**Mail to: Bosom Buddies Walk/Run P.O. Box 1263, Montrose, CO 81402**

**Mailed entries must be post marked by Tuesday, October 1, 2024**

THANK YOU



**ALL DOGS MUST BE ON A LEASH AT ALL TIMES**

**NO PETS ARE ALLOWED INSIDE THE MONTROSE PAVILION**