



REGISTRATION FORM

100% of net proceeds raised by Walk for Hope support
City of Hope® cancer research and life-giving care.

Please fill out, print, and mail this form at least 10 business days prior to event to allow for processing.

City of Hope | National Signature Events/Walk for Hope | 1500 E. Duarte Road, Duarte, CA 91010

FIRST NAME*

LAST NAME*

Event Location*: ☐ Los Angeles ☐ Orange County ☐ Chicago ☐ Atlanta ☐ Phoenix ☐ Las Vegas ☐ Virtual

ADDRESS*

APT. NUMBER

☐ home ☐ work

CITY*

STATE*

ZIP*

PHONE*

☐ home ☐ work ☐ cell

DATE OF BIRTH*

EMAIL*

EMPLOYER / COMPANY NAME

TEAM NAME

☐ I am registering as a team captain.

*Required information. Official Walk of Hope incentives and promotional items will be sent to address listed above.

DONATION PAYMENT INFO:

☐ Check enclosed* ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

CREDIT CARD NUMBER

☐ PERSONAL

☐ BUSINESS

EXPIRATION DATE

NAME ON CARD / BUSINESS NAME (for company donations)

BILLING ADDRESS (if different than address above)

CARDHOLDER SIGNATURE _____

*Make checks payable to City of Hope.

PLEASE DO NOT SEND CASH. DO NOT STAPLE OR TAPE CHECK TO ENTRY FORM. ENCLOSE MATCHING GIFT FORM WITH THIS FORM.

T-SHIRT SIZE (adult sizes):

☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

☐ I am a cancer survivor and am willing to be contacted by City of Hope.

☐ If you do not wish to receive news and updates from Walk for Hope
and City of Hope, check here.



Online registration is simple!
Please visit **WalkforHope.org**

Additional donation(s) \$ _____

TOTAL ENCLOSED \$ _____

☐ I have read and agree to the 2026 Waiver and Release of Liability and Assumption
of Risk and Indemnity Agreement on the back/page 2 of this registration form.

PRINT



Waiver and Release of Liability and Assumption of Risk and Indemnity Agreement

By signing this agreement and checking the “I have read and agree” box on the front side of this registration form, or otherwise registering for the Event or participating in the Event in any way, I am agreeing to the terms and conditions set forth in this agreement.

In consideration of being permitted to participate in Walk for Hope (the “Event”) as a walker, runner, fundraiser, volunteer or in any other capacity, I, for myself and for my heirs, next of kin, assigns and personal representatives agree to the following:

1. I acknowledge and agree that I am voluntarily participating in the Event, and I am solely responsible for determining whether to engage in physical activities involving the Event. I understand and agree that I am not required to engage in any physical activities related to the Event.
2. I represent that I am qualified, in good health and in proper physical condition to participate in the Event. If at any time during my participation in the Event I feel my physical condition no longer allows me to participate safely or I believe the Event becomes unsafe, I will immediately stop my participation.
3. I acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my participation in the Event. The risks include, but are not limited to, weather, equipment, actions of other people including but not limited to event officials, other participants and volunteers, spectators, sponsors, event monitors, producers, organizers, police and municipal workers and operators of motor vehicles in or around the area in which the Event will take place. Being aware of these risks and dangers, I have voluntarily elected to participate in the Event and I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT.
4. I HEREBY AGREE NOT TO SUE AND TO RELEASE, DISCHARGE, WAIVE, HOLD HARMLESS AND TO INDEMNIFY CITY OF HOPE AND ITS AFFILIATES and their respective officers, directors, employees, volunteers, sponsors, advertisers, participants, agents and representatives, and all other sponsors, organizers, volunteers, officials, medical workers, producers, lessors and organizers and any involved municipalities or other public entities and each of the directors, officers, employees, agents, representatives, successors, heirs and assigns of any of the above individuals and entities (collectively and individually “Releasees”) FROM AND AGAINST ALL LIABILITIES, CLAIMS, DEMANDS, LOSSES, DAMAGES, SUITS AND PROCEEDINGS, REGARDLESS OF THE CAUSE, INCLUDING THE NEGLIGENCE OR CARELESSNESS OF ANY RELEASEE, ARISING OR RESULTING FROM MY PARTICIPATION IN THE EVENT.
5. I will comply with any terms and conditions regarding the use of any Event platform applications or software, including any third-party host requirements.
6. I understand and agree that City of Hope may share my registration information with third parties for purposes of conducting the Event, including without limitation, platform hosts and software companies.
7. I irrevocably grant to City of Hope the right and permission to use my recorded voice, image and likeness in any medium including, without limitation, video, photograph, film, tape and/or social media for any lawful purpose.
8. I understand that the above terms apply whether the Event is in-person, virtual or a combination of in-person and virtual. I have entered into this agreement freely and voluntarily without any inducement or assurances of any nature. I agree that if any portion of this agreement is held to be invalid, the balance shall continue to be in full force and effect.

SIGNATURE _____ DATE _____

PRINT NAME _____