

# 2022

*Sponsoring*  
**SURVIVORSHIP**



2K Walk • 5K Walk • 5K Run • 10 K Run

# RUN & WALK

# Saturday, October 1<sup>st</sup> 2022 8:30AM Silveira Community Center

500 North Main Street, Downtown Lakeport

**Registration Fee: \$25.00**

**Mail in or Online Registration by 9-23-2022**

**Morning Registration 7:00 AM TO 8:30 AM**

**Event Starts at 9:00 AM RAIN OR SHINE**

Bring the family to Sponsoring Survivorship's 26th Annual Walk/Run. There will be refreshments and raffle prizes. All participants will receive a free T-Shirt. Everyone is a Winner! Special thanks to our Business Sponsors and our Local Community. Please be aware of Local Covid-19 restrictions.



For More Information go to [www.sponsoring survivorship.com](http://www.sponsoring survivorship.com) or contact Julie Kelley (707) 972-0286 or Brandi Cabbage (432) 614-7707

**Proceeds benefit Lake County women and men in their treatment against breast cancer • Non Profit #45-3321877**

## Sponsoring Survivorship Registration Form 2022

Name (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_

I will participate in: (Circle one)  2K Walk  5K Walk  5K Run  10K Run

I am a first time Participant:

Circle one: Male Female

Make Checks payable to : Sponsoring Survivorship

Mail to : Sponsoring Survivorship

P.O. Box 1924

Lakeport, CA 95453

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I cannot Walk or Run

but I wish to make a

Donation of \$ \_\_\_\_\_

Non Profit #45-3321877



### Waiver

I know that running a road race is potentially a hazardous activity. I should not enter a run/walk unless I am healthy and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete a race. I assume all risks associated with running/walking this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver, knowing all these facts and in consideration of your accepting my entry, I for myself, heirs, and anyone entitled to act on my behalf, waive and release forever Silveira Community Center, City of Lakeport, County of Lake and all sponsors, their employees, representatives and successors from all claims and liabilities.

\_\_\_\_\_  
Signature (Parent or Guardian if under 18)

\_\_\_\_\_  
Date