



# EDWARD I. MOSES WALK/RUN FOR LIFE

## REGISTRATION FORM

Support is provided to programs that work to educate the community and help with the prevention, early detection and diagnosis of cancer for local residents. Beneficiaries include: Ryan's Wish Foundation, Gouverneur, NY; Hospice and Palliative Care of St. Lawrence Valley; Massena Hospital; Canton-Potsdam Hospital; Claxton-Hepburn Hospital; Gouverneur Hospital

**For more information on these programs or to make a donation please visit [www.walkrunforlife.com](http://www.walkrunforlife.com).**

**WHAT:** The Edward I. Moses Walk/Run for Life is a non-competitive walk/run to raise money for the fight against cancer in St. Lawrence County. Our goal this year is to collectively raise over \$60,000.

**DATE:** Sunday, April 30, 2023

**TIME:** Registration from 9:00 - 10:00 a.m. Official start at 10:00 a.m.

**WHERE:** St. Lawrence University, Canton

**WHO:** Anyone can participate with a minimum \$35 entry or sponsor fee. You can walk, run, jog, push a stroller, etc. You can choose to participate individually or as a group.

**HOW:** Participants are responsible for collecting donations before the event. All money is to be handed in at registration.

**PRIZES:** Basket raffle prizes day of event; tickets sold at registration.

**T-SHIRTS:** Event T-shirt given to participants who raise a minimum of \$35.00.

**MORE INFO:** More information may be obtained by calling Kellie Hitchman (315) 244-1801 or Dick Christy (315) 869-8962 and on [www.walkrunforlife.com](http://www.walkrunforlife.com)

**Make checks payable to: Edward I. Moses Walk/Run or SLCCF**  
**P.O. Box 291**  
**Canton, NY 13617**

### PLEASE JOIN US NEXT YEAR, SUNDAY APRIL 28, 2024

**BRING ENTIRE FORM TO REGISTRATION**  
**IN ORDER TO REGISTER FOR THIS EVENT YOU MUST SIGN THIS WAIVER**

In consideration of my entry being accepted intending to be legally bound, I so hereby by myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights for claims and damages, which my have and which may hereafter accrue to me against the Edward I. Moses Walk/Run for Life Committee Inc., Kinney Drugs Foundation, St. Lawrence University event organizers for damages which may be sustained and suffered by me in connection with my association with sponsors for entry in this event.

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

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

Name \_\_\_\_\_

Contact preference:

Snail Mail

Address \_\_\_\_\_

Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

My walk in memory of \_\_\_\_\_ or dedicated to \_\_\_\_\_

I am walking as part of a School

I am walking as part of a Team / Group

Name of School \_\_\_\_\_

**O  
R**

Name of Team / Group (Non-School) \_\_\_\_\_