

THE 2017 8TH ANNUAL PROSTATE CANCER WALK

Saturday, September 23, 2017 • Walkway Over the Hudson

NEW STARTING POINT: Poughkeepsie side of the bridge

Registration: 9:00-9:45 a.m. • Walk: 10:00-11:00 a.m.



8th Annual Prostate Cancer Walk

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Walkway Over the Hudson, Poughkeepsie side

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Followed by awards ceremony and refreshments

Premier Cares Foundation is proud to announce its 8th Annual Prostate Cancer Walk over the beautiful Walkway Over the Hudson! We hope you will join us for the magnificent views of the Hudson Valley as you walk 1.2 miles each way, 212 feet above the Hudson River. Spend an exhilarating morning with the entire family enjoying refreshments, entertainment, and great prizes.

Be a supporter of this important cause and sign up to participate in the Premier Cares Prostate Cancer Walk.

Prostate cancer is one of the most curable types of cancer, if detected in the early stages. One in six men will be diagnosed with prostate cancer during his lifetime. Over 200,000 men will be diagnosed with prostate cancer this year alone. Premier Medical Group founded Premier Cares Foundation to help provide support, awareness, education, and treatment to those individuals in the community with urologic and digestive diseases. Money raised by the Walk supports local charities and prostate programs to offer free screenings and other supportive services. **Come walk in honor or in memory of a loved one.**

- **Registration Fee:** \$20 per person. Pre-register by September 2, 2017 to receive a free T-shirt and "Care" bag at the Walk.
- **Family Ticket:** \$75 (2 adults and 2 children - Includes 4 T-shirts)
- **Children under 12 are free (T-shirt and "Care" bag not included)**
- **Note:** Children under 12 are welcome to register for adult price of \$20 to receive T-shirt and "Care" bag.

For event questions: Contact Gia McCormack at gmccormack@premiercaresfoundation.org or call 845.418.2201

For registration questions: Contact Monica Metty at mmetty@premiercaresfoundation.org or call 845.656.7325

To Register Online: premiercaresfoundation.org
Online Registration closes September 21, 2017

Directions to the Walkway: walkway.org/directions



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|--------------------------|--|---|--|---|--|---|--|----|--|-------------------------|--|-----|--|---|--|---|--|---|--|---|--|
| Participant's First Name | | | | | | | | | | Participant's Last Name | | | | | | | | | | | |
| Address | | | | | | | | | | Address | | | | | | | | | | | |
| City | | | | | | | | | | City | | | | | | | | | | | |
| State | | | | | | | | | | State | | | | | | | | | | | |
| Zip | | | | | | | | | | Zip | | | | | | | | | | | |
| XS | | S | | M | | L | | XL | | 2XL | | 3XL | | - | | - | | - | | - | |
| T-Shirt Size | | | | | | | | | | Phone Number | | | | | | | | | | | |
| E-mail | | | | | | | | | | E-mail | | | | | | | | | | | |

Entry fee\$ _____ Additional donation\$ _____
Date: _____
Make checks payable to Premier Cares Foundation Memo: Prostate Cancer Walk

To Pre-register, please send form to:
Premier Cares Foundation
Attention: Prostate Walk Registration
P.O. Box 93
Pleasant Valley, New York 12569

For Credit Card Registration:
Please visit premiercaresfoundation.org
pre-registration closes Saturday, September 2, 2017

Liability waiver must be signed before mailing:
I agree to abide by any decision of a race official relative to my ability to safely participate in this event. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and understood by me. Having read this waiver and knowing these acts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Premier Cares Foundation Prostate Cancer Walk and City of Poughkeepsie, Premier Medical Group, Walkway Over The Hudson, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes. Further, I affirm that I am healthy enough to participate in the walk and understand that any issues regarding such participation should be discussed with my personal physician.

SIGNATURE (OF PARTICIPANT OR PARENT/ GUARDIAN IF UNDER 18)

Signature: _____
Date: _____

