



**THIBODAUX REGIONAL  
CANCER INSTITUTE**

# Festival of Hope

## 5K RUN/WALK REGISTRATION FORM



Run  
for the  
Ribbons

**Proceeds  
Benefit Education,  
Screenings, and  
Support Services  
for Cancer Patients**

**SATURDAY  
APRIL 27, 2024**

8 AM Registration  
9 AM 1-mile Fun Run/Walk  
9:30 AM 5K Run/Walk

*Event begins at Thibodaux Regional  
Cancer Institute • 608 N. Acadia  
Road, Thibodaux, LA 70301*

### ENTRY FEES

**Early Bird (Until 4/26)**

\$35 Adults 18+  
\$20 Kids 7-17 years old

**Race Day (4/27)**

\$40 Adults 18+  
\$25 Kids 7-17 years old

*No charge for children 6 and under.*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

AGE \_\_\_\_\_  MALE  FEMALE

IF YOU WOULD LIKE TO BE RECOGNIZED AS A CANCER SURVIVOR, CHECK HERE

ADULT T-SHIRT SIZE \_\_\_\_\_

(Adult sizes only; pre-register by April 12, 2024 to be guaranteed a t-shirt.)

Registration also requires the "Hold Harmless and Waiver of Liability" form on the reverse side of this paper. This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds.

No pets, skates, rollerblades, bikes, motorized vehicles, or scooters allowed.

Register online at [www.thibodaux.com/race](http://www.thibodaux.com/race) or complete this form and mail it to Thibodaux Regional Health System, ATTN: Marketing Department • 602 N. Acadia Road, Thibodaux, LA 70301.

Packet pick-up Friday, April 26, from 4-6 PM at Thibodaux Regional Cancer Institute.

# HOLD HARMLESS AND WAIVER OF LIABILITY

The person listed below, by signing this form, agrees to assume responsibility for and further agree to indemnify, defend and to hold Thibodaux Regional Health System, its agents, officers and employees harmless from any loss or liability for or an account of injury to (including death of) persons or damage to property, including costs, attorney fees and expenses incidental, thereto, arising from participation in the “Thibodaux Regional Cancer Institute Festival of Hope Run for the Ribbons on April 27, 2024” whether or not said losses, injuries, deaths or property damages arise partially or wholly from the fault of Thibodaux Regional Health System, its agents, officers and employees. I understand that in the event I or my child is injured while participating in the aforementioned activity, I am responsible for any and all medical bills and expenses that may arise from said injury. If my child is participating and I am not present at the event, I give my permission to send my child to the nearest emergency department for treatment. This may include ambulance transportation if necessary.

Event may include photo and/or video recording with or without audio. I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape without payment or any other consideration.

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT/PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

