

# Westminster Canterbury

SHENANDOAH VALLEY

## BREAKFAST WALK

Thursday, May 2, 2019



Mail entry form and check, payable to: Shenandoah Apple Blossom Festival®, 135 North Cameron Street, Winchester, Virginia 22601

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Please Print (*Only one person per registration form, please.*)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_  Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Age as of 5/2/19 \_\_\_\_\_

In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Winchester, the County of Frederick: the Shenandoah Apple Blossom Festival®, all walk sponsors, and all officials thereof; their representatives, successors and assigns for any and all injuries that may be suffered by me as a result of participation in this walk. I attest and verify that I am physically fit and can complete this event and my physical condition has been recently verified by a physician.

Entrant's (or legal guardian's) Signature: \_\_\_\_\_

**No entries accepted without payment and signature**

Date Rec'd _____
Amount Paid _____
Cash _____ Ck# _____
CC _____
CC Sec. Code _____