

# Pink Divas & Gents

March 23, 2022

Dear Friend:

Pink Divas & Gents Breast Cancer Non-Profit Organization would like to invite you to be a part of our 5<sup>th</sup> Annual "Pink Divas & Gents" Breast Cancer 5K Walk – Run. The event will be held on Saturday, June 25, 2022. It is because of you that we have had 4 successful years with the Breast Cancer Walk Run. We are so excited about this event and being able to interact with one another, raise awareness, educate, empower, and support those affected by this disease.

Cancer has touched many of us in some way, whether it is a family member, friend, neighbor, or co-worker. We are walking because somewhere in the United States someone is diagnosed with breast cancer every 3 minutes...and every 13 minutes breast cancer claims another life. Not to mention, breast cancer not only affects women but men as well and 1 out of 8 women will be diagnosed with breast cancer. I am sure we all know someone whose life has been affected by this relentless disease; I know mine has.

We want as many individuals as possible and teams to participate and support this cause. This event is essential in helping us reach our goals, continuing partnership with hospitals/clinics and other organizations, and continuing to provide financial support to those affected by this disease. Pink Divas & Gents has been influential and dedicated in serving as a catalyst in educating and supporting families, underserved women/men in the Chicagoland area and surrounding communities.


We hope that you would participate and/or support this event. Please complete the attached registration form, team/pledge form, waiver forms and or donation form.

The individual with the most amount pledged/donated and the team captain with the biggest team (most walkers/runners) will receive an award and recognition on the Pink Divas & Gents Website and Social Media Pages.

Public and private organizations, including schools, churches, businesses, sororities, fraternities, and families are all invited to walk/run in support of this initiative.

Thank you for your support! I look forward to seeing you at our 5<sup>th</sup> Annual Walk Run!

Yours sincerely,

  
Janel Moreland  
Founder/President

# Pink Divas & Gents



## 5th Annual Breast Cancer Walk ~ Run

**TRITON COLLEGE (OUTDOORS)**

**2000 5TH AVENUE - RIVER GROVE, IL 60171**

**25**

**JUNE**

**8:30AM - REGISTRATION - 9:30AM - WALK/RUN**

**\$25 REGISTRATION FEE BY MAY 27TH (GUARANTEES T-SHIRT)**

**SAME DAY REGISTRATION IS AVAILABLE (T-SHIRT NOT GUARANTEED)**

**FOR MORE INFORMATION CALL (708) 571-0271 - EMAIL: PINKDIVASANDGENTS@GMAIL.COM**

**[www.pinkdivasandgents.org](http://www.pinkdivasandgents.org)**





# Pink Divas & Gents

Breast Cancer Support & Awareness

## 5th Annual Breast Cancer 5K Walk /Run (In-Person & Virtually)

### 2022 Registration Form

*When: Saturday, June 25 2022*

*Where: Triton College (outdoors) - 2000 5th Avenue, River Grove, IL 60171*

*Check In Time: 8:30AM—9:15AM*

*Start of 5K Walk/Run: 9:30AM*

*Registration Fee: \$25 per person (includes a T-shirt to be worn at event)*

*Registration Deadline for guaranteed T-Shirt is Friday, May 27th*

*\*Register before June 1st to be entered into a FREE RAFFLE\**

*\*Must Register Children 10 years & Older\**

*Team Name or Team Captain (if applicable)* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Male:* \_\_\_\_\_ *Female:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

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

*Phone #:* \_\_\_\_\_ *Age (if minor):* \_\_\_\_\_ *Survivor:*  *Y* \_\_\_\_\_ *N* \_\_\_\_\_

*Shirt Size: (Adult Unisex) S M L XL 2XL 3XL 4XL (Circle One)*

**\* Please Return this form along with all Payments, Donations &/or Pledges to  
Pink Divas & Gents - PO BOX 7193, Westchester, IL 60154 or email forms to  
pinkdivasandgents@gmail.com (payment must be received prior to event).**

**\* Please Make Checks/M.O. Payable to "Pink Divas & Gents" Cash App - \$pinkdivasandgents**

**\* Same Day Registration & Registration after Deadline are available (T-Shirt NOT guaranteed).**

**\*Children Under 16 years of age must be accompanied by an adult\***

**Any questions contact Janel Moreland at (708) 571-0271 or**

**Email: pinkdivasandgents@gmail.com**

**Website: www.pinkdivasandgents.org**

# Pink Divas & Gents

Breast Cancer Support & Awareness

## 5th Annual Breast Cancer Awareness 5K Walk & Run 2022

### *Pledges & or Team Form*

*Team Name (if applicable):* \_\_\_\_\_ *Total # of Team Members:* \_\_\_\_\_

*Team Captain (if applicable):* \_\_\_\_\_ Trophy for the BIGGEST TEAM

**Trophy and Bragging Rights for the person with the most funds Pledged/Raised/Donated!**

**\*Each Team Member Must Complete a Registration Form\***

<u>Pledgers/Team Members</u>	<u>Amount Enclosed</u>	<u>Please indicate Pledging or Walking</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____
11. _____	\$ _____	_____
12. _____	\$ _____	_____
13. _____	\$ _____	_____
14. _____	\$ _____	_____
15. _____	\$ _____	_____

**\*Please make checks payable to the Pink Divas & Gents Organization.  
Any questions, please contact Janel Moreland at (708) 571-0271 or  
Email: pinkdivasandgents@gmail.com**

# DONATION FORM



## 4th Annual Breast Cancer Awareness 5K Walk & Run 2022

Please retain top portion of this form for you records.

Amount of donation \$ \_\_\_\_\_

Organization's/Individual's Name \_\_\_\_\_

**We are a 501c3. Your Donation is Tax Deductible**

**THANK YOU FOR YOUR SUPPORT!!!**

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**Please return the bottom portion of this form with your donation**

Mail/Return this form & payment to:

Pink Divas & Gents NFP Organization  
PO BOX 7193  
Westchester, IL 60154

Amount of donation: \$ \_\_\_\_\_

Organization/Individual's Name \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Interested in an Angel and/or Survivor Yard Signs which will be posted at the Walk & available for take home post walk or stored by Pink Divas & Gents for future walks. Please return form & payment for sign by June 6, 2022.

The donation cost is \$100 per sign. Please complete section below (optional):

Our Angel Earned His/Her Wings (name on sign) \_\_\_\_\_

Our Survivor Didn't Fight Alone (name on sign) \_\_\_\_\_



## **2022 WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in **THE PINK DIVAS & GENTS BREAST CANCER ORGANIZATION WALK/RUN**, and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representative, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY RISK. I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE PINK DIVAS & GENTS BREAST CANCER ORGANIZATION AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE PINK DIVAS & GENTS BREAST CANCER ORGANIZATION FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

**Please initial that you have read and understand the above waiver \_\_\_\_\_**

## **USE OF PHOTOS**

I hereby grant the Pink Divas & Gents Breast Cancer Organization permission to use my likeness in a photograph, video, or other digital media in all of its publications, including web-based publications and social media, without payment or other consideration.

I understand and agree that all photos will become the property of the Pink Divas & Gents Breast Cancer Organization and will not be returned.

I hereby irrevocably authorize the Pink Divas & Gents Breast Cancer Organization to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. **Please initial \_\_\_\_\_**



## **MEDICAL CONSENT-WAIVER**

I hereby hold harmless, release, and forever discharge the Pink Divas & Gents Breast Cancer Organization from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

If I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**Please initial \_\_\_\_\_**

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_