



A Walk to Honor ALL Arkansas Cancer Patients

UAMS Winthrop P. Rockefeller Cancer Institute

VENDOR REGISTRATION FORM

2021 Be a Part of the Cure Walk for Cancer
Saturday, May 1, 2021
8 a.m. - 1 p.m.

Registration Fee: \$100 per booth

- Set up time will be Saturday, May 1, 2021 from 7 a.m. - 8 a.m.
- Please check-in at War Memorial North Entrance at 7 a.m.
- We ask that vendors be ready to sell by 8:30 a.m.
- We ask that vendors do not tear down prior to noon.
- Take down is no later than by 2 p.m.
- Vendors must provide their own equipment (tables, tents, chairs, signage, etc.).
- No running water is available.
- Vendors are responsible for leaving the area in the same condition as found.
- UAMS and War Memorial Stadium reserve the right to censor any booth.
- Walk registration is not included.

All vendors will follow Arkansas Department of Health COVID-19 Guidelines at all times.

Registration forms and fees due by Thursday, April 15, 2021

Vendor Type: <input type="checkbox"/> Retail Sales <input type="checkbox"/> Information/Educational <input type="checkbox"/> Other		
Company Name:		
Contact Name:		
Address:		
City:	State:	Zip Code:
Phone:	Alternate Phone:	
Email:		
Description of Items to be promoted/sold:		
Total amount of booths requested:		
Signature of Vendor:		Date:

If the Walk becomes a virtual-only event, all vendors registration fees will be refunded. In-person or virtual-only event to be determined on or before April 15, 2021.

Please enclose the completed form and waiver. Make your check payable to **UAMS Foundation Fund**

Mailing Address: 4301 W. Markham St., #623G, Little Rock, AR 72205

Proceeds from the event benefit the Winthrop P. Rockefeller Cancer Institute at UAMS.

Signature required on reverse side

BeAPartoftheCure.com



Winthrop P. Rockefeller Cancer Institute



WAIVER AND PHOTO RELEASE AGREEMENT

All participants registering or otherwise participating in the Be a Part of the Cure Walk for Cancer ("Event"), hereby expressly consent to the following:

I acknowledge and agree that participating in a walk/race may be a potentially hazardous activity. I agree to participate at my own risk, and I agree to assume all risks associated with participating in this Event, including, but not limited to, falls, weather conditions, traffic, road conditions and contact with other participants.

I understand that bicycles, skateboards, roller skates, roller blades or riding any similar apparatus is not allowed during the Event. This exclusion does not include wheelchairs.

In consideration of my acceptance into this Event, I for my company, myself and anyone entitled to act on my behalf, hereby waive and release any and all claims, liabilities, damages (compensatory and punitive), legal fees, and causes of action that may arise as a result of my participating in the Event or any pre-Event/post-Event activities, that I may have or that I become aware of in the future, against persons, volunteers, and entities involved in planning, hosting or assisting with the Event, even if such liability may arise out of their negligence or carelessness, including but not limited to, the Event sponsors, the Board of Trustees of the University of Arkansas, the University of Arkansas for Medical Sciences, the University of Arkansas Foundation, Inc., and any of their trustees, directors, employees, members, representatives, successors and assigns.

I agree that this waiver and release applies to myself and my successors and assigns, heirs, and any executors, administrators, personal representatives or beneficiaries or others who may make a claim on behalf of my estate.

I grant full permission to use and reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital), for any legitimate purpose, including commercial marketing purposes, relating to the Event or to promote awareness and fundraising for cancer-related initiatives.

I understand and agree that any ticket price/entry fee(s) paid to participate in the Event are non-refundable.

I have read and agree with the statements above.

Signature Required: _____ **Date:** _____

Please enclose the completed form and make your check payable to **UAMS Foundation Fund**
Mailing Address: 4301 W. Markham St., #623G, Little Rock, AR 72205

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