Sponsoring SURVIVORSHIP

RUN & WALK

Saturday, October 3rd 2026 8:00AM

Xabatin Community Park Amphitheatre

Registration Fee: $40.00
Mail in or Online Registration by 9-26-2026
Morning Registration 7:00 AM TO 8:30 AM
Event Starts at 9:00 AM RAIN OR SHINE

Bring the family to Sponsoring Survivorship's 30th Annual Walk/Run. There will be refreshments and raffle prizes. All participants will receive a free T-Shirt. Everyone is a Winner! Special thanks to our Business Sponsors and our Local Community.

SPONSORING SURVIVORSHIP

30 YEARS

Proceeds benefit Lake County women and men in their treatment against breast cancer

For More Information go to *www.sponsoringsurvivorship.com* or contact

Julie Kelley (707) 972-0286 or Brandi Meier (432) 614-7707 • ***Non Profit #45-3321877***

Sponsoring Survivorship Registration Form 2026

Name (Please Print) _____ Phone _____

Mailing Address _____ City _____

Email Address _____

I will participate in: (Circle one) ❒ 2K Walk ❒ 5K Walk ❒ 5K Run ❒ 10K Run

I am a first time Participant: ❒

Circle one: Male Female

Make Checks payable to : Sponsoring Survivorship

Mail to : Sponsoring Survivorship
P.O. Box 1924
Lakeport, CA 95453

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I cannot Walk or Run but I wish to make a Donation of $ _____

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Waiver

I know that running a road race is potentially a hazardous activity. I should not enter a run/walk unless I am healthy and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete a race. I assume all risks associated with running/walking this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver, knowing all these facts and in consideration of your accepting my entry, I for myself, heirs, and anyone entitled to act on my behalf, waive and release forever Xabatin Community Park Amphitheatre, City of Lakeport, County of Lake and all sponsors, their employees, representatives and successors from all claims and liabilities.

_____/_____

Signature (Parent or Guardian if under 18) Date