

# Walk For T.I.M.E.

**(Technology, Immediate diagnosis, Mammography and Education)  
benefiting  
Women Playing For T.I.M.E.® &  
M. D. Anderson Cancer Center Orlando**

Bloomington's Partners in Time and Panera Bread invite the mall employees, outlying store employees and the community to join them in the air conditioned comfort of the Mall At Millenia for their 2<sup>nd</sup> Annual Breast Cancer Awareness event.

## JOIN US ON

- Sunday, September 27, 2009, 7:30 am – 10:00 am
- Registration opens at 7:30 a.m. at the Food Court Entrance adjacent to Panera Bread. (Enter from the backside of the Mall At Millenia.)
- Walk begins at 8:00 am
- \$10 minimum suggested to participate (cash or checks accepted)
- Prizes for the top three walkers who bring in the most donation money
- Ask your friends and family to sponsor you to help increase your donation
- Make checks payable to M. D. Anderson – Orlando

**RSVP with number of participants to Audrey Myers at 407.264.2511**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Total Amount Raised \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check(s) \_\_\_\_\_

CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE FOR INCOME TAX PURPOSES TO THE EXTENT ALLOWED BY LAW. THE FOUNDATION RECOMMENDS THAT YOU CONSULT WITH YOUR TAX ADVISOR CONCERNING ALLOWABLE DEDUCTIONS. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE, 800-435-7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. THE FOUNDATION IS A REGISTERED CHARITABLE ORGANIZATION (CH577).

## LIABILITY WAIVER FOR WALK PARTICIPANTS

As a participant for a special event sponsored by Bloomington's, I am aware of the policy of Bloomington's that neither the organization, nor its affiliates, can be held liable for any injury/illness incurred during the course of my walk. The "course of my participation" includes going to and returning from the event, as well as the event itself.

I understand and acknowledge the above-mentioned policy, and recognize that I am participating at my own risk.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_