



# HOWL WALK & WAG



Get on Your Feet!

## Havasu Out Walking Late

You and all your friends  
are invited to

## “Get on Your Feet”

Thursday, April 21

Registration Starts at 6 pm

Walk Starts at 7 pm

Dogs are welcome—come howl at the full moon!

At Grand Island Park  
off Malibu Dr. on the island

\$10 Per person or  
\$25 Per Family

*Pets are free, but must be accompanied by a human.*



### Havasu Health Walk Challenge

#### Committee:

Linda Scales, Chairperson  
Debbie Hypes  
Jan Klatt  
Laura Koch  
Connie McDaniel



Under the umbrella of:  
Havasu Community  
Health Foundation  
Located in the Shambles  
2126 McCulloch Blvd, Unit 7  
P O Box 1410  
Lake Havasu City, AZ 86405

Phone: 928 453 8190

Find links to register and pay online at  
[www.havasucommunityhealth.org](http://www.havasucommunityhealth.org)

### Howl Walk & Wag—REGISTRATION FORM

A REGISTRATION FORM IS NEEDED FOR EACH PERSON WALKING. FORMS FOR CHILDREN UNDER 18 MUST BE SIGNED BY PARENT OR GUARDIAN.

**IF UNDER 18 YEARS OF AGE, CHECK HERE**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
(families must include minimum of one parent or guardian)

\$10 for Individual Registration    or     \$25 for Family Registration

Total Paid \$ \_\_\_\_\_

### Waiver and Indemnification (must sign to participate)

I understand that my consent to these provisions is given in consideration for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I hereby release and hold harmless Havasu Community Health Foundation Havasu Health Walk Challenge, the City of Lake Havasu, and any of their employees or volunteers from any claims that I may have arising out of my participation in this event. I give permission to Havasu Community Health Foundation/Havasu Health Walk Challenge and their sponsors to use any photographs, videotapes or other recordings of me that are made during the course of this event.

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

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

Checks should be made payable to HCHF (for Havasu Health Walk Challenge)  
Mail registration form with payment to HCHF, P O Box 1410, Lake Havasu City, AZ 86405,  
Or drop it off at the HCHF Office, 2126 McCulloch Blvd., Unit 7, Lake Havasu City, AZ

Office Use:  Cash     Ck# \_\_\_\_\_     CC \_\_\_\_\_    Date Received: \_\_\_\_\_    Initials \_\_\_\_\_    DB \_\_\_\_\_    Event DB \_\_\_\_\_