

PLEASE SUPPORT THE 9<sup>TH</sup> ANNUAL . . .

# Ken Zebrowski Memorial Fund Hepatitis C Awareness Walk

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**Saturday May 4<sup>th</sup>, 9am-11am**  
**Congers Lake Memorial Park**  
**6 Gilchrest Road, Congers, New York 10920**

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- An estimated 3.5 million individuals in the United States may be infected with Hepatitis C and most are unaware.
  - Baby Boomers (1945-1965) have the highest incidence of the disease. The Center for Disease Control now recommends all baby boomers to be tested.
  - Infected individuals have no symptoms of the disease for decades while it attacks their liver. Hepatitis C is the leading cause of liver cancer and transplants.
  - Groups at risk: Individuals who had blood transfusions prior to 1992, health care workers thru needle pricks, first responders who became exposed helping sick or accident victims, intravenous drug users and individuals infected with HIV.
  - Tattoos done with non-sterile instruments or contaminated ink
  - There are cures available if found in time—GET TESTED!
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**ENTRY FEE: \$20 per individual, \$30 per family**

- Walkers receive a T-Shirt
  - 2.6 scenic walk around Congers Lake
  - Stroller/Wheelchair accessible
  - All proceeds go to the Ken Zebrowski Memorial Fund for Hepatitis C Awareness and scholarships at local high schools
  - Checks payable to Ken Zebrowski Memorial Fund
  - Venmo Payment- KenZebrowskiMemorial
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\* For updates or to REGISTER online go to:  
[www.kenzebrowskimemorialfund.org](http://www.kenzebrowskimemorialfund.org)

# Kenneth Zebrowski Memorial Annual Hepatitis C Awareness Walk

## Registration Form

Congers Lake Memorial Park  
6 Gilchrest Road Congers, New York 10920  
9:00am-11am

Donation: \$20 per Individual, \$30 per Family  
Checks payable to: Kenneth Zebrowski Memorial Fund

Name: \_\_\_\_\_

No. Walkers \_\_\_\_\_

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

Contribution: \_\_\_\_\_

Feel free to bring additional Walkers with you. Contributions are accepted at day of Walk

	Name	Contribution
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

I cannot attend the walk but have enclosed a tax-deductable contribution for: \_\_\_\_\_

### Walk Release and Indemnification

I hereby expressly assume all risks, including injury and death, arising in any way out of my participation in the Hepatitis C Awareness Walk for the Kenneth Zebrowski Memorial. It is my responsibility to dress appropriately for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any uncomfortable symptoms. I agree for myself, my heirs, executors and administrators, not to sue and to release, indemnify and hold harmless the Kenneth Zebrowski Memorial from liability, claims, demands and causes of action whatsoever arising out of my participation in this event and related activities.

Walker's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**RETURN REGISTRATION FORM TO: Linda Zebrowski, 20 Fay Road, New City, New York 10956**