



Walk Out Sickle Cell

April 8, 2017

REGISTRATION FORM: Each participant must complete and sign registration form.

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

T-Shirt size: Adult S ___ M ___ L ___ XL ___ 2X ___ 3X ___ 4X ___ Youth: S ___ M ___ L ___

ENTRY FEES: Entry fee includes event and T-Shirt.

\$ _____ 3K Walk: \$35 registration

\$ _____ Additional T-Shirt: \$15

\$ _____ Additional Donation

\$ _____ TOTAL PAYMENT

PAYMENT OPTIONS:

___ CASH ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

SECURITY CODE _____ EXPIRATION DATE ____/____/____

CREDIT CARD NUMBER

SIGNATURE OF CARD HOLDER

MAKE CHECKS PAYABLE TO: SICKLE CELL SUPPORT SERVICES

Release & Assumption of Risk: I, (print) _____ intend to participate in the Walk to benefit Sickle Cell Support Services. I understand that there may be certain dangers and exposure to physical injuries in pursuing this fundraising effort, and I hereby voluntarily assume all risk to myself and my property arising from my participation in this walk. I assume such risk regardless of their causes. In consideration of Sickle Cell Support Services permitting me to participate in the fundraising effort, I will not hold the Sponsors, Contributors, Employees, or Officers, in both individual and representative capacities, liable for damages for any injuries I might sustain while getting to, during, or while leaving this activity. I release, discharge, and hold forever harmless the aforementioned parties from any and all liabilities, claims, damages, or losses stemming from the injury to person or property that arises from, or relates to my participation in this activity. I have carefully read this Release and Assumption of Risk and fully understand its contents. I voluntarily sign it and realize that this will bind me, my heirs, and personal representatives. (Note that parent or guardian must sign if participant is less than 18 years of age)

Date _____ Signature _____