

REGISTRATION FORM FOR WALKERS/RUNNERS ONLY

This is a FREE event!

Please print and submit one form for each participant.

Name: _____ Address: _____
City: _____ State: ____ Zip Code: _____
Phone Number: _____ Email Address: _____

A free t-shirt will be given to all who have registered by June 1, 2019.

(Please Circle One Only) Shirt Size: Adult - S M L XL XXL XXXL
Child - S M L XL

I'm walking in Remembrance of: _____.
I would like for their name to be recognized during the Remembrance Ceremony.

Please Circle: Yes No

PLEASE READ AND SIGN RELEASE AND WAIVER

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also assume any other risks associated with running in this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the route. I understand I am solely responsible for my own safety while participating in this event, as well as any child I bring with me under the age of 18. Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf covenant not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the township and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation. The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or another record of the event for any purpose. Minors will be accepted with a parent's or legal guardian's signature.

Printed Name

Signed Name

Date

Printed Parent/Guardian Name

Signed Parent/Guardian Name

Date

Please complete and mail to:

BETHESDA Hospice Care

1630 Des Peres Rd., Suite 200

St. Louis, MO 63131

Attn: Leslie Schaeffer