

Name

Address

City/State/Zip

Phone

Email

Signature of parent/guardian if a minor

Church Affiliation

I will walk with a team named

Shirt Size needed (circle one):
Youth: **S M L** Adult: **S M L XL XXL**

☐ I am unable to walk, but will make a donation of \$ (Please make check payable to Richland Pregnancy Resource).

☐ Please send me additional brochures to distribute at work , church or school

QUESTIONS? 419-522-8863,Ext. 203

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, and all of their agents, volunteers & staff assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

My Signature

Bill Me

Paid

First Last

Address

City State Zip

Email Phone

\$10 \$25 \$50 \$100 \$ Other

Bill Me

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First Last

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