

Registration Form

Please print Clearly. Return to Walking to Wellness event at Sidney High School, Saturday, January 16, 2010. Registration from 7:45 a.m.-9:30 a.m., with walking the one half (1/2) mile indoor route from 8 a.m.-11 a.m.

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

email: _____

Waiver and Release

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, and personal representatives, waive and release any and all rights, claims, and courses of action I have or may have against "Walking to Wellness" sponsors and affiliates, their agents, employees and officers, directors and their representatives in any event that might arise as a result of my participation in "Walking to Wellness". I attest and verify that I am physically fit and have sufficiently trained for the completion of the planned event. I accept any and all medical treatment by licensed personnel on the course in case of needed attention.

Signature

Date

All entrants must sign waiver.

(Parent or Guardian signature required if under 18 years of age.)