



WALKER REGISTRATION FORM

Registration Fee Includes: Swag Bag, 1 Entry into Raffle Drawing, T-Shirt, & Snack

PLEASE COMPLETE THIS FORM BELOW (ALL FIELDS MANDATORY)
ALL COMPLETED FORMS AND MONIES AT THE EVENT, SATURDAY, OCT 1, 2022

<input type="checkbox"/> Individual Walker (\$40)	<input type="checkbox"/> Team of 4 (\$140)
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****PAID BY:** Cash Check Credit card (*MC, Visa, Amex, Discover*) WHW Website**

T-SHIRT SIZE: M L XL 2XL 3XL

SHOE SIZE (Mens): 6-7 8-9 10-11 12-13 14 & Larger

LAST NAME:	FIRST NAME:		
ADDRESS:	CITY:	ST:	ZIP:
PHONE:	EMAIL:		

WAIVER STATEMENT: IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY, I, INTENDING TO BE LEGALLY BOUND DO HEREBY FOR MYSELF, HEIRS, EXECUTORS, AND ADMINISTRATORS WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AND CASES OF SUIT OR ACTION, KNOWN OR UNKNOWN, THAT I MAY HAVE AGAINST, WOMEN HELPING WOMEN, COUNTY OF MAUI OR MAUI MALL THROUGH WHICH THIS WALK IS ROUTED AND SPONSORS, DIRECTORS, VOLUNTEERS, OFFICERS, AND AGENTS FOR ANY AND ALL INJURIES RESULTING FROM MY PARTICIPATING IN THE WALK A MILE IN HER SHOES WALK. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THIS EVENT. I ALSO GRANT PERMISSION FOR A DOCTOR OR NURSE TO TAKE ANY REMEDIAL ACTION IN CASE OF EMERGENCY. I ATTEST AND VERIFY THAT I KNOW THE RISKS OF ENTERING THIS WALK AND I ASSUME ALL EXPENSES IN THE EVENT OF AN ACCIDENT. FURTHERMORE, I AGREE THAT FOR NO ADDITIONAL CONSIDERATION IN RETURN I WILL ALLOW WOMEN HELPING WOMEN TO USE MY PHOTO FOR THE PURPOSES OF PROMOTING, ADVERTISING AND/OR MARKETING WITHOUT ANY OTHER OR FURTHER ENCUMBRANCES ON WOMEN HELPING WOMEN FROM ME, MY REPRESENTATIVES OR CONSIGNEES.

	DATE:
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SIGNATURE

If walker is under 18, SIGNATURE OF PARENT/GUARDIAN:

	DATE:
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