



Team Name \_\_\_\_\_ Walker's Name: Last, First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Non-profit Organization 501(c)(3) # \_\_\_\_\_

If registering for funds, must have signed consent from parent or guardian for each child.

### DONATION FORM (Please print legibly)

Sponsor's Name	Age	Address	Phone	Cash	Money Order	Check #	Total

### COMPLETE THIS PRE-REGISTRATION FORM Dr. Nelson L. Adams Walk a Mile With a Child

Participant's Name \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_

Team's Name \_\_\_\_\_

**RELEASE FORM:** (Mandatory for all participants) I am aware that by participating in a physical activity, such as a Walk can involve some **Some Risk of Injury**. Because of the dangers of participation in the above event, I recognize the importance of following the Walk rules and regulations and agree to obey such instructions. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not be able to participate in **Walk a Mile With A Child**. I recognize and acknowledge that the National Medical Association or its Walk partners does NOT carry special health insurance that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participating in **Walk A Mile With A Child**. The invalidity of any portion of this Agreement shall not affect the remaining portions.

**In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from this Waiver have been made.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_