



REGISTRATION FORM

PERSONAL INFORMATION

Full Name
(PLEASE USE CAPITAL) _____

DOB _____ / ____ / ____

Address _____

Phone Number _____ E-Mail (Required) _____

I AM REGISTERING **SELF ONLY** **SELF & SPOUSE/PARTNER** **FAMILY**

PARTICIPANT NAME _____	ADULT/TEEN (16+) = \$25	YOUTH (5-15) = \$10
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ADDITIONAL DONATIONS _____ **ADDITIONAL TEE- SHIRTS (\$10 EA)** _____

PAYMENT TYPE: CREDIT CARD CASH

CHECK (Payable to " NE Stroll") **TOTAL:**

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____ HOME NUMBER _____

RELATIONSHIP _____ MOBILE NUMBER _____

I understand that my participation in the Stepping Out to Cure Scleroderma Walk is voluntary and at my own risk. National Scleroderma Foundation New England, MWRA Deer Island, their staff, board, or volunteers will not be responsible for any injury or damages incurred by me or my property. I agree to permit the free use of my name and picture in any broadcast, telecast, on-line or other account of this event.

I agree with the terms and conditions above.

By entering this event or program, you are entering an area where photography, audio and video recording may occur. Your participation constitutes your consent to be photographed, filmed, and/or otherwise recorded and to the release, publication, exhibition, or reproduction of any and all recorded media of your appearance, voice, and name for any purpose whatsoever in perpetuity in connection with the National Scleroderma Foundation and its initiatives, including, by way of example only, use on websites, in social media, news and advertising.

I agree with the terms and conditions above.

