

**Scleroderma Foundation, Northern California Chapter  
Sacramento 2 Mile Walk/5K Fun Run Registration Form (One Form per Person Please)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Choose Registration Option: 2 Mile Walk/Fun Run \_\_\_\_\_ \$25 Adult \_\_\_\_\_ \$15 Child (age 17 and under)

**A signature is required in the waiver section below. Parent must sign for children.**

WAIVER. In consideration of being permitted to participate in "Stepping Out to Cure Scleroderma," I hereby, for myself, my heirs and personal representatives, assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the Scleroderma Foundation, any chapter, support group, officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I agree to the use of any photo, film, or videotape of the event for any purpose.

**Adult Signature** \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ Team Name if Applicable \_\_\_\_\_

I am walking in honor of \_\_\_\_\_ In memory of \_\_\_\_\_

I am unable to attend. Please accept my contribution of \$ \_\_\_\_\_

**Please mail this registration form and your payment/donations to:  
Scleroderma Foundation Northern California Chapter, PO Box 601313, Sacramento, CA 95860**

Name	Street Address	City/State/Zip	EMAIL	Amount
			<b>Total Sponsor Contribution</b>	

