

2010 Registration form

Please print clearly – one form per participant

Last Name _____

First Name _____

T-shirt size (circle one) S M L XL

I am walking on my own

I'm walking as part of a team from my:

Company * Church/club

College/university School

Healthcare Organization

Other _____

*Company or team name _____

My company has matching funds.
My matching gift form is attached
(Not sure? Check with your employer.)

Your address

City, State, Zip

Phone

Circle one:

I walk: In honor of In memory of

I'm unable to attend, but enclosed is my contribution of

\$ _____

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, and other representatives or their successors and assigns, for any and all injuries or damages or 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.

Signature _____

(parent must sign if participant under 18)

Scleroderma Foundation, Ohio Chapter
PO Box 846
Hilliard, OH 43026-0846

