

# Stepping Out to Cure Scleroderma 2020 Virtual Walk Registration

Visit [SteppingOutWalk.org](http://SteppingOutWalk.org) or call 800-867-0885 to register for your walk location.

**Online Walk registration fee:** Ages 16 and up - **\$25** | Ages 6-15 - **\$10** | Ages 5 and under - **Free**

**Virtual Walk Date:** October 10, 2020

Please mail in additional donations to: Scleroderma Foundation Tri-State Chapter 59 Front St, Binghamton, NY 13905

A signature is required for each walker in the waiver section below. Parents must sign for all children under 18 years of age.

**Walk Site:**  Albany, NY  Binghamton, NY  Buffalo, NY  Long Island, NY  Manhattan, NY

New Haven, CT  Poughkeepsie, NY  Ridgefield Park, NJ  Rochester, NY  Syracuse, NY  Westchester, NY

Team \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

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

- I am interested in volunteering for Walk 2021.
- I will share my photos online via #SteppingOutforScleroderma #SFTristate **Initials:** \_\_\_\_\_
- I am a scleroderma patient.
- I am interested in more information about scleroderma.
- I am interested in being a member, please send me information.

**Free gift with \$500 raised (one gift per registrant/family)**

Official Use Only

R C T G

**Registration Fees(s)** \$ \_\_\_\_\_ **Personal donation(s)** \$ \_\_\_\_\_

**Checks payable:** SF Tri-State. **Return completed form** with check or money order to **Scleroderma Foundation Tri-State, 59 Front Street, Binghamton, NY 13905**

## ➔ **WAIVER - Must be signed**

*In consideration of being permitted to participate in Stepping Out To Cure Scleroderma, I hereby, for heirs, my personal representatives and myself assume any and all risks which might be associated with my participation. I further waive, release, discharge and covenant not to sue the Scleroderma Foundation, any chapter, affiliate, support group, officer, employee, sponsor, organizer, volunteer, municipality or other representative or their successors and assigns or the park or other location, 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 video of the event for any purpose, if I select box 2 of the questionnaire and initialed.*

Adult Signature: \_\_\_\_\_ Adult Signature: \_\_\_\_\_

An acknowledgment (which serves as a tax receipt) will be mailed to each sponsor if full name and address is provided below.

Name	Address	Check#	Donation

Total Donations \_\_\_\_\_