

# Walk for ne... Give Hope

# Walker Registration Form

PLEASE PRINT ALL INFORMATION.

## Team Information (if applicable)

Team Name: \_\_\_\_\_

Team Captain Name: \_\_\_\_\_

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

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

## Walker Information

Name: \_\_\_\_\_

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

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Address: \_\_\_\_\_

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

## Tips for Walkers

- Make checks payable to Hopegivers International, memo: WFO, YOURNAME
- Please turn in Walker Registration Form the morning of the event to your team captain (if applicable) or at the Registration Table (individual walkers).
- Funds may be turned in: at the Hopegivers Office prior to the walk, the morning of the walk at the Registration Table, or by creating an account online at [www.hopegivers.org/donation/walk-for-one/](http://www.hopegivers.org/donation/walk-for-one/)
- Walk for One is a pet, kid and grandma friendly event. ALL are invited!
- Develop a Walk Party by bringing friend and family to walk for FREE to advance the cause.
- **Thank you** for your participation!



Track Current Totals	
Cash:	\$
Checks:	\$
<b>Totals:</b>	<b>\$</b>

Walk **one** mile in YOUR shoes to provide support for **one orphan**.



# Walk for One...

## Give Hope

In consideration of HOPEGIVERS INTERNATIONAL, INC. ("HGI") permitting (me)(my child, \_\_\_\_\_ who is under 18) to participate in the above-named event, I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE**, that (I)(my child) may have against HGI, its directors, officers, employees, agents, chapters, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE** any or all of the Released Parties in connection with the event.

Consent also is hereby given to use (my) (my child's) name, picture, portrait, likeness, writings or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child) in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of HGI.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon me (my child), (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child).

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Print Name of Participant

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Signature of Participant

Date

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Home Address, City, State, & Zip Code

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E-mail

I affirm that I am the parent/legal guardian of \_\_\_\_\_ and that I have full authority to authorize his/her participation in the above referenced HGI event.

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(Signature of Parent or Legal Guardian if Participant is Under 18)

Date