

MILES FOR MACY

Participant Registration & Waiver Form

Participant Name: _____ Age: _____

Participant Address: _____

City _____ State _____ Zip _____

This is my address at Home Work (Please check one)

Home Phone () - _____ Cell Phone () - _____

Employer: _____ Email address: _____

Team Name: _____ Team Captain: _____

Team Affiliation: _____

Waiver: Each Team Member MUST read and sign: Return to your Team Captain with your commitment/registration fee.

- As a participant in the Miles for Macy Walk, I, for myself, my executor, administrators, and assigns, do hereby release and discharge the organizers, the event site, their management, their officers, members, sponsors, or their representatives or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event.
- I give my full permission for the use of my name and photograph in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant Signature: _____ Date: _____

If under the age of 18, signature of a parent/guardian is required.

Signature of parent/guardian: _____ Date: _____

Please return completed form to: Miles for Macy ALS Awareness Benefit Walk - Attention: Cathy Kolovich at 200 Island Boulevard, Sunbury, PA 17801

*Each team member is asked to help fundraise for the event. We challenge each team member to set a goal of \$100 each, however, any and all donations will be greatly appreciated.

All checks should be made payable to Macy Minnier Fund

Miles for Macy is an Alcohol and Tobacco Free Event