

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)

Employer: _____ Email address:

Team Name: _____ Team Captain:

Team Affiliation: _____

I. Waiver: Each Team Member MUST read and sign: Return to your Team Captain with your commitment/registration fee. Only Checks can be submitted on bank nights - NO CASH or COINS will be accepted. Checks can be made payable to: Macy Minnier Fund

- 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:

Participants under the age of 18, must be supervised the day of the walk.

_____ will be supervising my child the day of the walk.

Emergency Contact Information:

Name: _____ Relationship of Emergency Contact:

Phone Number of Emergency Contact: _____

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

Miles for Macy is an Alcohol and Tobacco Free Event