



# Walk for LOVE

## Acca Shriners REGISTRATION FORM

**Saturday, September 28, 2019**

*Rain or shine*

9:00 AM – Registration

10:00 AM – Walk begins

**Registration Fee: \$25\*** (Walkers and Non-Walkers)

*\*All proceeds benefit Greenville and Philadelphia Shriners Hospitals and the Acca Shriners Transportation Fund*

### Registration Form

NAME: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BIRTHDATE: \_\_\_\_\_

- I would like to **START** a Team      Team Name: \_\_\_\_\_
- I would like to **JOIN** a Team      Team Name: \_\_\_\_\_
- I would like to register as an **Individual**      T-shirt size: \_\_\_\_\_
- I would like to register as a **Virtual Walker** or make a **Donation**: \_\_\_\_\_

**Registration payment method:**     **Cash**     **Check**    **Amount Paid:** \_\_\_\_\_

**Please make checks payable to: Acca Shriners**

Donations can be submitted at registration on event day or mailed to:

**Acca Shriners, 1712 Bellevue Ave., Richmond, VA 23227-3920**

### Waiver Form

**Please read before signing.**

I understand that my agreement to the terms of this release and waiver is a prerequisite for participation in the Acca Shriners Walk for LOVE. I, the undersigned, intending to be legally bound, waive and release for myself, my heirs, executor and administrators, any and all rights and claims for damages, demands and any other actions, which I may have against Acca Shriners, volunteer medical support, all participating supporters and those entities' representatives, successors and assignees, from my participation in the event, including any and all injuries suffered by me because of my participation in this event. I verify I have full knowledge of the rigors of this walk and the risk involved in participation. I realize medical support for this event will consist of volunteer medical personnel prepared to administer first-aid type assistance. I hereby grant permission to Acca Shriners and its sponsors to use all information submitted in my application and any photograph, videotape, recording and any other record of this event including, my likeness and name for any lawful purpose related to the walk and post- walk publicity. Acca Shriners Walk for LOVE is open to all people who are physically fit. It is recommended that anyone with a history of health issues consult with their physician before undertaking the walk. The Walk Director reserves the right to reject any entry. No unauthorized bicycles, roller blades or skateboards will be permitted during the walk.

**Under age 18, please check box**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ (Parent/guardian if under 18)  
 DATE: \_\_\_\_\_