



REGISTRATION FORM PLEASE PRINT

PARTICIPANT INFORMATION				
Surname:	First:	Middle(optional)		
Birth date:	Age:	Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	
Street address:				Home phone no.: ()
P.O. box:	City:	Prov:	Postal Code:	
IN CASE OF EMERGENCY (OPTIONAL IF OVER 18 YEARS OF AGE)				
Name of local friend or relative		Relationship to Participant	Home phone no.: ()	Work phone no.: ()
<p>The Walk of Hope walking track will be Smoke and Alcohol free.</p> <p>By participating in the Walk of Hope on <u>September 10st, 2022</u> I waive and release any and all claims for myself, heirs, executors, and administrators against all sponsors, officials, and organizers of this event. I also grant full permission for the organizers and its volunteers to use photographs and video footage of me in legitimate accounts and promotions of this event.</p>				
<i>Participants signature</i>			<i>Date</i>	
<i>Patient/Guardian signature (under 18)</i>				



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