

# Registration Form

Please complete **one registration form per team** and return it to the office no later than **Friday, August 16, 2019**. You can either bring the form to the office located on 557 Main Street in Chapmanville WV or mail it to: Dignity Hospice, Attn: Trina Lester PO Box 4304 Chapmanville, WV 25508, you can fax it to the office at 304-855-7407, Attn: Trina Lester . **\*\*PLEASE REMEMEBER THIS INFORMATION IS TIME SENSITIVE\*\***

Name of Team: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address of contact person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Walking in Memory of: \_\_\_\_\_

*Please notate if you will need an adult or youth size in the shirt. (Example: Adult M)*

Name of Walker: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

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Name of Walker: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

***Note: Shirt sizes are not guaranteed but we will do our best in getting the appropriate size.***

## Participants Agreement

- As participants of the Dignity Hospice Memorial Walk, I for myself, my executor, my group, my administrators and assigns do hereby release and discharge Dignity Hospice, the event site, their management, their officers, their members, their sponsors, their organizers or representatives, their successors and all cooperating businesses and/or organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation and/or that of my minor child that my transpire with any and all while taking part in this event.
- I give full permission for Dignity Hospice to have the use of my name and the names of our team and team mates; also any photographs taken for or at this event to use for promotion purposes only.
- By signing below I understand that I am releasing Dignity Hospice from any known action explained above for I and my entire group with their permission who that wishes to participate in this event.

Participant Signature: \_\_\_\_\_

(Signature of team leader)

Date: \_\_\_\_\_