

Walkathon/5k to Benefit the Springfield Shriners Hospital
Sunday September 12th, 2010
Amherst College Outdoor Track

Registration Form:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Walkathon = \$20.00

5k = \$20.00

You may register for both events.

Amount Enclosed: _____

Waiver:

I hereby indemnify and waive all claims against Amherst College, Shriners Hospital, its agents, sponsors, its assignees, or representatives for any injury, that I, (or my minor child, in the event of parental permission) may suffer in this event. I attest that I am physically fit and able to participate in this event. I further grant all rights to the organizers to use my image in photographs, video, audio, or other recordings of this event.

Participant (signature): _____

Print Name: _____

Legal Guardian of participant if under 18:

Signature: _____

Print Name: _____

Please make checks payable to: **walk4shriners**
Please send checks and signed registration form to:
Colleen Keenan
555 West Cherry St
Holyoke, Ma 01040

Registration checks must be received by Monday August 30th, 2010 in order to receive a free t-shirt.