

# 14TH ANNUAL HOPE WALK

benefiting  
Stewart's Caring Place

## REGISTRATION FORM



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Joining team     Creating team     Joining as individual

Team Name (if applicable) \_\_\_\_\_ Unisex T-Shirt Size \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email Address (Required) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (Required):

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree that I am physically capable of participating in this event and waive all liability of Stewart's Caring Place, the City of Fairlawn, and any additional sponsors from all claims and demands resulting from participation. I grant full permission for use of photographs or other record of the event for any legitimate purpose. Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Permission Required (if under 18 years of age): I give permission for \_\_\_\_\_ to participate in the Stewart's Caring Place Hope Walk on 5/9/20 and affirmatively state that my child is in good health and has no known physical or mental conditions which would impair or restrict his/her participation in this activity. I grant full permission for use of photographs or other record of the event for any legitimate purpose.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Pre-registration: \$20/person age 6 and over (day of registration, \$30/person)**

**Total number of walkers:** \_\_\_\_\_ **Total amount \$** \_\_\_\_\_

**I cannot attend in person but would like to join as a virtual walker \$** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration** \_\_\_\_\_ **CCV code** \_\_\_\_\_

Please scan completed form to [colleen@stewartscaringplace.org](mailto:colleen@stewartscaringplace.org) or mail to 2955 W. Market St., Suite R, Akron, OH 44333. Make checks payable to Stewart's Caring Place.

