



# Stewart's CARING PLACE

## 13<sup>th</sup> ANNUAL HOPE WALK 2019 REGISTRATION MAY 11, 2019

Name \_\_\_\_\_ DOB \_\_\_\_\_

Team Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Registration Fee:

**Make Checks Payable to Stewart's Caring Place**

\_\_\_ \$15 Pre-Registration, for age 6 and over

\_\_\_ \$20 Day of walk, for age 6 and over

\_\_\_ Free Age 5 and under

Emergency Contact: Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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 (if under 18 years of age)

I give permission for \_\_\_\_\_ to participate in the Stewart's Caring Place Hope Walk on **5/11/19** 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: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration \_\_\_\_\_

CCV code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please contact Stewart's Caring Place with any questions at 330-836-1772

Return completed form to: [info@stewartscaringplace.org](mailto:info@stewartscaringplace.org) or

Stewart's Caring Place, 2955 West Market, Suite R, Akron, OH 44333