



WALK FOR LIFE WALKER REGISTRATION FORM

Please print

Name: _____

Address: _____

Email: _____ Phone: _____

Privacy Statement: *I understand that by providing my signature and participating in this public event, my name, and pet's name may be announced; my image and comments may be broadcast in various media formats without compensation; and the HeartStrong team may contact me about future events. I must notify the HeartStrong team if I do not want to be contacted again.*

Waiver: *In consideration for being permitted to participate in the HeartStrong event, I hereby for myself, my heirs, and personal representative assume any and all risks which might be associated with the event, and I further waive, release, discharge and covenant not to sue the HeartStrong team, its officers, members, sponsors, organizers or other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever suffered as a result of taking part in the event and related activities.*

Participant Signature

Date

Return completed form with \$12 registration fee by Friday, **September 1, 2017** to:

Santee Cooper

Attn: Cool Hearts Festival - AG01

PO Box 2946101

Moncks Corner, SC 29461

