



ANNUAL WARRIORS WALK REGISTRATION

Personal Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Telephone number: _____

E-Mail: _____

Date of birth: / /
(mm/ dd/ yyyy) Gender: Male Female

T-Shirt Size: Adult-- S M L XL 2X 3X Youth-- M

Charitable Donations: Make payable to: HHB \$ _____

Release Acknowledgment and Consent. In consideration of HHB accepting this entry to the event, I hereby release myself and my heirs, assigns, guardians, administrators and executors and from all liability and waive any and all claims for damages (whether for personal injury, death, illness, property damage and/or property loss). Including claims for negligence, which I may have as a result of my participation in this event, against the following: HHB and its directors, volunteer, event sponsors, and other participants in this event. I acknowledge that walking has risks (known and unknown) inherent in it and in signing this registration form it is my intention to accept those risks and all consequences thereof. I acknowledge that I am in good health. I consent to the use of personal information contained in this registration form and photos of me from the event in any publicity associated with the event and in any form of promotional material for Operational Military Appreciation Day and the Warriors Walk. **In signing this Registration Form, I acknowledge that I have read this Release Acknowledgement and Consent in its entirety that I understand and agree to be bound by its terms and that I am signing voluntarily without duress or undue influence from anyone.**

SIGNATURE: _____