

# Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## CHECK ONE BOX:

- Register as an Individual (I) Select to participate as an individual walker and help by collecting donations from coworkers, friends and family.
- Register as a Household (II) Select to participate as household without a team and help by collecting donations from coworkers, friends and family.
- Register as a Team (III) Select to develop or join a team and help by collecting donations from coworkers, friends and family. A team captain may be established, but not necessary. All team money should be collected and turned in the day of the walk or online with a credit card at [givetospeters.org/donate](http://givetospeters.org/donate)\*

Team Name: \_\_\_\_\_

Donation in honor/memory of: \_\_\_\_\_

Please read waiver below & list/sign names of team members walking (*attach a sheet of paper if necessary*):

_____	_____
_____	_____
_____	_____

Total Donations Collected with Form: \$ \_\_\_\_\_

- My company has a matching gift program
- I would like to volunteer for the Walk in 2021

**Waiver:** *In signing this release, I understand the intent thereof, and I, for myself, my heirs, executors, and administrators, hereby agree and will absolve St. Peter's Health Partners from any liability from my participation in this event. Walkers under 18 years of age must be accompanied by an adult. I give permission for use of my name and photograph in any materials produced by or publicity from the event.*

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Signature (Parent or guardian must sign registration if walker is under 18 years of age)

Please make checks payable to: **St. Peter's ALS Regional Center**