

OFFICE USE:

TELLER'S INITIALS:

PARTICIPANT SIGN-UP AND WAIVER

| Person (editional With Special Pends | | | | | | | | | | | | | | | • | *** | | ••• | *** | | |
|---|-------|-----------------------|---------------|----------------|----------------|---------------|--------|--------------------|-----------------|-------|------------------|-----------------------------|-------|--------|-------|-------|--------|-------|--------|--------|-----|
| FIRST NAME: | | | | | | | | | | | | | | | | | | | | | |
| LAST NAME: | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | ST: | | | ZIP: | | | | | | |
| EMAIL: | | | | | | | | | | | | | | | | | | | | | |
| PHONE: | | | | | | | | | | | | | | | | | | | | | |
| WALKER INFORMAT | ION: | | | | | | | | | | | | | | | | | | | | |
| □I AM PARTICIPATIN | NG AS | S AN | INDI | VIDU | JAL. | | | | | | | | | | | | | | | | |
| ☐I AM PARTICIPATIN | | V A T | EAN | 1. | | | | | | | | | | | | | | | | | |
| TEAM NAME: | | | | | | | | | | | | | | | | | | | | | |
| MY DESTINATION: | | | | | | | | | | | | | | | | | | | | | |
| MILE GOAL: MILES COMPLETED: | | | | | | | | | | | | | | | | | | | | | |
| MILES COMPLETED: | | | | | MOI | INT | OF D | ΩΝΔ | TION | וג רר |) I I F <i>(</i> | TFD | \$ | | | | | | 0 | 0 | |
| | | | □Y | | | | | | AKE / | | | | \$ | , | | | | • | 0 | 0 | |
| CREDIT DONATION | I TO: | | | | | | | | | 1 | ΓΩΤ | AL: | \$ | | | | | | 0 | 0 | |
| | | | | | | | | | | | | , \ | Ψ | , | | | | • | | | |
| METHOD OF PAYME | NT: | | | | | | | | Che | ck | | | | Casl | ı | | | | | | |
| □CHECK (PAYABLE T | O Ne | w Ho | orizo | ns) | | | | | | | | • | | | | | | | | | |
| □VISA □MASTERCA | ARD [| □AN | 1EX | | SCOV | /ER | | | | | | | | | | | | | | | |
| CREDIT CARD NO.: | | | | | | | | | | | | | | | | | | | | | |
| EXP. DATE: | | / | | | | SEC | URIT | Y CO | DE: | | | | | | | | | | | | |
| AUTHORIZED SIG | NATU | JRE: | | | | | | | | | | | | DAT | E: | | | | | | |
| WAIVER & MEDIA/PHOTO RELEASE | | | | | | | | | | | | | | | | | | | | | |
| • | | | | | 1 IZ A F | | ID TI | IF \ <i>\(\(\)</i> | ט ו ט | FOD : | NIT\A/ | HODI | 70NI | . and | rolot | | .+ii+i | 00.00 | a d at | مط ام | |
| In consideration of my New Horizons, I do he | • | • | | | | | | | | | | | | | | | | | | | • |
| discharge New Horizon | - | | | | | | | | | | | | | | | | | | | | |
| and employees, as we | | _ | | | | | | | | | | - | | | | | | | | 0 | |
| whatsoever, arising ou | | | | | | | | | | | | | | | | • | | | | d agre | ees |
| that this release shall a | apply | to all | clair | ns fo | r inju | ries, | dama | ages o | or los | ses o | f any | kind | or na | ture | what | soeve | er, to | the p | erso | n of t | he |
| undersigned, whether | | iniur | ies d | lama | ges o | r loss | es ar | e kno | wn o | runk | now | n for | eseei | . or . | - | | tha | | | rcian | ed |
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| may have against said | perso | ns. T | he u | nder | signe | d hei | reby | grant | s full | and (| comp | lete | perm | issio | n for | the u | se of | phot | ogra | phy, | |
| may have against said motion pictures, recor | perso | ns. T or an | he u y otl | nder her re | signe ecord | d hei of m | reby a | grant rticip | s full ation | and o | comp ie afc | lete oresai | perm | issio | n for | the u | se of | phot | ogra | phy, | |
| may have against said | perso | ns. T or an | he u y otl | nder her re | signe ecord | d hei of m | reby a | grant rticip | s full ation | and o | comp ie afc | lete oresai | perm | issio | n for | the u | se of | phot | ogra | phy, | |