2010 Official Registration Form

reno AIDS walk

August 21st, 9AM, Sparks Marina

FORM MUST BE RECEIVED BY AUG 10TH
TO GUARANTEE T-SHIRT SIZE

☐ **ADULT**
☐ **CHILD** **(12 OR UNDER FREE)**
CHILDREN DO NOT RECEIVE T-SHIRTS UNLESS $25 REGISTRATION FEE IS PAID.
PARENT OR GUARDIAN MUST SIGN WAIVER FOR CHILDREN

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Email address will be used to communicate important event information only and will not be shared with any other organization.

T-SHIRT SIZE: ☐ **SMALL** ☐ **MEDIUM** ☐ **LARGE** ☐ **XLARGE** ☐ **2XL**

Official Waiver: MUST BE SIGNED BY ALL PARTICIPANTS/GUARDIANS BEFORE PARTICIPATING IN THE WALK: I hereby affirm that I am in proper physical condition to participate in the 2009 Reno AIDS Walk, Steven Hendrix Memorial (also referred to as the Event). In consideration of this acceptance of entry, I agree to assume all risk of injury to myself and all risk of damage or loss of property arising out of my participation in this Event. I acknowledge that walking in this event could be dangerous and I am participating at my own risk. I am responsible for the risk of participation and I hereby waive, release, and forever discharge the Reno AIDS Walk organization, all Event sponsors, Event producers, Event staff, administrators, officials, contractors, vendors, and organizers, volunteers and other persons or entities affiliated with the Event, states, cities, towns and other governmental bodies and locations in which this Event or portions of this Event takes place, from any and all claims, causes of action, damages, losses (economic or non-economic) and liabilities of every kind ("claims") for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to and from, any Event. I understand that bicycle, roller in-line skates, and animals are not permitted in this race and I will abide by this and all other race rules. I understand that my entry is non-refundable. I agree to the use of any and all images/pictures, etc from the event to be used for publicity and marketing purposes.
I agree to the Waiver terms and conditions and agree to pay the $25 registration fee. PARENT OR GUARDIAN MUST SIGN FOR CHILD.

_____ _____
Signature Date

Mail or fax this form by August 10th to guarantee your t-shirt size

Payments are must be made by check or money order payable to RENO AIDS WALK
Mail completed forms to **RENO AIDS WALK | PO Box 71372 |Reno, NV 89570**
or **Fax to 877-825-AIDS**

Please detach the following form and retain for your donation records.

Walker Name

_____

Turn in your donation list and the money collected the morning of the walk, August 21, 2010

DONATION LIST

Detach this form and use to log the donations you collect.

Name _____ **Amt $**_____

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