

REGISTRATION FORM

(one form per participant)

You can also register or find additional fundraising & contribution forms at www.northwestwishes.org



First Name

Last Name

Street Address

City

ST

Zip

County

Home Phone

Email

Walk Location: **Seattle/Eastside** **Spokane** **Tacoma/South Sound**

Each participant registered prior to August 2nd will receive an official Walk For Wishes t-shirt.

Please Circle: Youth T-Shirt Size: Youth S Youth M **Adult T-Shirt Size:** S M L XL 2XL 3XL

5K Child (12 & under)

5K Adult

Are you part of a Team? Yes No

Free without T-shirt

\$25

\$10 with T-shirt

Team Name

In lieu of attending, enclosed is my gift of \$ _____

Company Name

Registration Total _____ \$ _____

The fair market value of this event is \$10.00 per person. Our federal tax identification number is 91-1329433.

Enclosed is my check, payable to Make-A-Wish Foundation® of Alaska, Montana, Northern Idaho & Washington

Charge my credit card: American Express® MasterCard® Visa® Discover®

Card Number

Exp ____ / ____ Signature _____

PLEASE READ AND SIGN WAIVER. RETURN WITH REGISTRATION FORM AND CHECK PAYABLE TO "MAKE-A-WISH FOUNDATION OF ALASKA, MONTANA, NORTHERN IDAHO & WASHINGTON." I know that participating in this event is a potentially hazardous activity. I know that I should not enter this event unless I am medically able and properly trained. I agree to abide by any decision of event officials relative to my safely complete this event. I assume all risks associated with participating in this event, including, but not limited to: falls, tripping, contact with other participants, effects of weather, including high heat and or humidity, traffic, and conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts in consideration of this entry being accepted, I for myself, and anyone entitled to act on my behalf, hereby waive and release all claims for personal damages that I may have against the organizers, sponsors, and the Make-A-Wish Foundation®, its officers, employees, volunteers, or agents, arising from or attributable to any and all injuries, damages, or liabilities which I or my children may suffer while taking part in any activities connected with this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I attest and verify that I am physically fit and have sufficiently trained to participate in this event. I also give permission for the use of my name and picture in any broadcast, telecast, and/or print media of this event.

Participant's Printed Name

Participant's Signature

Date

I am the legal guardian of the minor participating (the "Participant") identified above. I certify that I consent to his/her participation in the event. I have read the foregoing waiver agreement, and I hereby agree on behalf of myself and the Participant to all of its terms.

Guardian's Printed Name

Guardian's Signature

Date



Fundraising & Contributions Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Please select the event location you are walking in:

Seattle/Eastside Spokane Tacoma/South Sound

Sponsor Name	Address	Email	Amount	Received
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2.				
3.				
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Total From This Page:

***If more space is needed, please photocopy this page.

Please make checks payable to:

"Make-A-Wish Foundation of Alaska, Montana, Northern Idaho & Washington."

For more information, contact us at 800.304.WISH or visit www.northwestwishes.org

