

2016 REGULAR TEAM REGISTRATION

YES! I want to join the Wellness Movement

“Beauty-n-Motion” Walk for Women & Girls

Saturday, November 5th, 2016

HISTORIC FOURTH WARD PARK



I'm participating as a Walker Walk Supporter

Team Name: _____

Team Name: _____ Contact Number _____ - _____ - _____

Team Member Contact Information _____

CONTACT INFORMATION

TEAM Captain: First: _____ Last: _____

E-mail: _____ Date of Birth: __/__/____ Female Male

Address: _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

T-shirt size: Youth: S (6-8) M (10-12) Adult: S M L XL XXL XXXL

TEAM Registration fees: All include: Official T-shirt & Gift Bag

Teams consist of 10 Participants or more / All Teams will receive a Team Sign & Photo at Event

Team –Regular \$350 Team Early Bird \$300 (deadline 10/1/16)

PAYMENTS Make Check payable to: Black BeautyShop, Mail to : 840 Buckingham Cove –Suite 200, Atlanta, GA 30213

Total Amount \$ _____ Cash Check* # Credit/Debit Card

Visa/MC/Discover # _____ Exp. Date ____/____ Verification Code _____

Cardholder Name

Cardholder Signature

Waiver

PHOTOGRAPHIC AND RECORDS RELEASE AND WAIVER AND RELEASE OF CLAIMS (“THE RELEASE”): Waiver By indicating “I Agree”, I acknowledge my understanding that physically participating in the Black Beautyshop Health Foundation United Charitable Programs “BeautyNMotion Run/Walk For Women” involves a strenuous activity which I am physically capable of undertaking, and I represent that I have received no restrictions on such activity from any physician. I further understand that my physical participation in the Black BeautyShop Health Foundation/United Charitable “BeautyNMotion Walk For Women” involves inherent risks of personal injury and loss of property. I hereby waive my right to assert any claim that I may have, now or in the future, against Black BeautyShop Health Foundation, United Charitable Programs, Wade & Associates Group, all event sponsors and volunteers, the City of Atlanta, and any individuals having any connection to the event, for injuries, accidents, property losses or hazardous health conditions I might suffer as a result of my participation in this event. I grant full permission for event organizers to use in promotional materials presented in any medium, my name, likeness, image, voice, photographs, videotapes or quotations. This permission is perpetual and worldwide. I understand that my Registration Fee is non-refundable and is not tax-deductible. The Registration Fee helps to cover costs associated with registration materials and registration processing.

PARTICIPANT NAME (PLEASE PRINT) _____ DATE _____

SIGNATURE _____ DATE _____

(PARENT OR LEGAL GUARDIAN'S SIGNATURE IF UNDER 18) DATE _____

Participant's Name/Date

Participant's Signature or (Parent/Guardian if under 18)

TEAM CONTACT & INFORMATION

(Insert Here)



MAIL TEAM PAYMENT TO:

Insert Here